



LANCASTER PERFORMING ARTS CENTER

LANCASTER PERFORMING ARTS CENTER FOUNDATION
44933 FERN AVENUE, LANCASTER, CA 93534
(661) 723-6096 • LPACF.ORG

DONOR OPPORTUNITIES

Name: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please list my name in any acknowledgments as: \_\_\_\_\_

ARTS FOR YOUTH PARTNERSHIPS
[ ] Artists in Schools ..... \$ \_\_\_\_\_
(Outreaches & Workshops)
[ ] Bus Fund ..... \$ \_\_\_\_\_
[ ] Ticket Scholarships for:
[ ] One Student ..... \$5
[ ] #\_\_ Students @ \$5 each ..... \$ \_\_\_\_\_
[ ] Half Classroom ..... \$100
[ ] One Classroom ..... \$200
[ ] Two Classrooms ..... \$400
[ ] One Grade Level ..... \$800
[ ] Two Grade Levels ..... \$1600
[ ] One School ..... \$4800
NAME A SEAT
[ ] \$750 ..... # of seats \_\_\_\_\_ @\$750 = \$ \_\_\_\_\_
Any available seat.\*
[ ] \$1000 ..... # of seats \_\_\_\_\_ @\$1000 = \$ \_\_\_\_\_
Any available seat\*; includes pre-public ticket purchase opportunity.
\*Please contact the Foundation office for available seats.

AMENITY SPONSORSHIPS
[ ] Light Booth ..... \$7,500
[ ] Musician's Warm Up Room ..... \$10,000
[ ] Dressing Rooms 2, 3, 4, 5 ..... \$10,000 ea.
[ ] Community Room ..... \$20,000
[ ] Balcony Lobby ..... \$20,000
[ ] Main Stage ..... \$50,000
DONOR WALL
[ ] Associate ..... \$1,500
[ ] Patron ..... \$2,500
[ ] Benefactor ..... \$5,000
[ ] Silver Circle ..... \$10,000
[ ] Gold Circle ..... \$15,000
[ ] Circle of Honor ..... \$25,000
\*Payment plans are available for any sponsorship of \$1,500 or more. Please contact the Foundation office.

I am pleased to make a tax deductible contribution to the LPAC Foundation in the amount of \$ \_\_\_\_\_.
Please consult your tax professional and use Tax ID# 95-4221909.

PAYMENT METHOD

- [ ] Check (Payable to LPAC Foundation)
[ ] Visa [ ] Master Card [ ] Discover [ ] American Express

Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU FOR SUPPORTING THE LANCASTER PERFORMING ARTS CENTER FOUNDATION!