



Tuscarawas Philharmonic Sponsorship Levels
2024-25 Concert Season

___ Season Sponsor \$10,000 & up

___ Encore \$500 - \$999

___ Maestro \$5,000 - \$9,999

___ Sustaining \$300 - \$499

___ First Chair \$2,500 - \$4,999

___ Benefactors \$150 - \$299

___ Overture \$2,000 - \$2,499

___ Patrons \$100 - \$149

___ Spotlight \$1,000 - \$1,999

___ Friends \$25 - \$99

I would like to financially support the Tuscarawas Philharmonic at the level indicated above in the amount of \$_____ My sponsorship will be paid as follows;

___ Full amount payment enclosed.

___ Please invoice me for the full amount in _____ (month).

___ I would like to complete my sponsorship in (4) payments (or less) as follows;

___ 1st payment of \$_____ enclosed

___ 2nd payment of \$_____ in _____ (month)

___ 3rd payment of \$_____ in _____ (month)

___ 4th payment of \$_____ in _____ (month)

___ PLEASE send a reminder when payments are due!

Make checks payable to TUSCARAWAS PHILHARMONIC (or online at TuscPhil.org)

Have questions? Call the TPO Office @ 330-308-6420

NOTE: All donations must be completed by Dec 31st

Name (as you would like it to appear in the program): _____

Mailing Address: _____

City/State/Zip Code: _____

Contact Person (if company): _____

Email Address _____

Contact Phone: _____

CREDIT CARD DONATIONS CAN BE PROCESSED at WWW.TUSCARAWASPHILHARMONIC.ORG OR COMPLETE THIS FORM:

___ Please use the below credit card for my payment(s);

Type of Card: ___ VISA ___ M/C ___ Discovery Name on card: _____

Card No. ____/____/____/____ Expiration Date: ____ - ____

Security Code (back of card): _____

Authorized Signature: _____