

Ringling College of Art and Design Presents
AVANT-GARDE: CAFÉ DES ARTISTES

	Presenting \$25,000	Champion \$15,000	Underwriter \$7,500	Leader \$6,000	Benefactor \$3,000	Fellow \$1,500
Number of Guests	16	16	8	8	4	2
Listing in event program book	logo/name	logo/name	logo/name	name	name	name
Listing on event signage & electronic scroll	logo/name	logo/name	logo/name	name	name	name
Listing on save-the-date *	logo/name	logo/name	logo/name	name	name	
Listing on invitation and event media ads **	logo/name	logo/name	logo/name	name	name	
Optional message in the event program book	full page	full page	full page	half page	quarter page	
Special recognition from podium	✓	✓	✓			
Logo on auction bidding device	✓	✓		Seating based on sponsorship level. * Included if received by October 15, 2021 ** Included if received by December 3, 2021		
A unique VIP experience for your guest	✓					

Yes! We want to sponsor this worthy event and, in doing so, provide greatly-needed and much appreciated scholarships for deserving college students. Please accept our donation for the amount indicated below.

- Presenting Sponsor \$25,000
- Champion \$15,000
- Underwriter \$7,500
- Leader \$6,000
- Benefactor \$3,000
- Fellow \$1,500

A limited number of individual seats will be available for \$300 each / \$500 patron seats with preferential seating. The good faith estimate of fair market value of goods and/or services received is \$145 per seat.
 Number of seats we will use: _____

I/We wish to make my/our contribution without seats at the event (100% donation).

For more information:

www.ringling.edu/AvantGarde
 AvantGarde@ringling.edu
 T 941 309 0108 | F 941 893 6681
Ringling College of Art and Design
 Office for Advancement
 2700 North Tamiami Trail, Sarasota, FL 34234

Contact name: _____

Company/Sponsorship Recognition name: _____

Street address: _____

City: _____

Telephone: _____

Email: _____

Payment information:

- Check made payable to Ringling College of Art and Design
- Please invoice me/us.
- MasterCard Visa Discover American Express

Total amount to be charged \$ _____

Name on credit card: _____

Expiration date: _____

Credit card number: _____

Authorized signature: _____

Zipcode: _____