



Pledge Form

DCHS Theatre Company's

Spring Musical Production ~ *The Addams Family*

Donor Information (please print)

Name / Business	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	
Student / Representative	

Please make checks payable to "**DCHS Theatre Guild.**" Artwork and personal messages for program sponsorship notices may also be submitted with this form, or they may be forwarded via email to dchsdrdrama@gmail.com. The absolute DEADLINE for submissions to make the show program is **February 14, 2020** (Spring Musical Production – *The Addams Family*). Payment is due no later than **February 28, 2020**. If you have any questions, please call Justin Stephens at (770) 651-6574.

Advertisement: Per Program Price (circle your ad size)

1/4 Page - \$25

1/2 Page - \$50

Full Page - \$100

Inside Back Cover* - \$125

Back Cover* - \$150

*** Full color page. Limited quantity available. First come, first serve.**

I will: (Check one)

Supply a hard copy of my ad (Remember – the simplest images will look the best)

Email or mail a disk of my ad (format must be .pdf or .jpg, or in a word document to dchsdrdrama@gmail.com)

Supply the text for my ad on the back of this form (We will print *exactly* what you write, so check spelling and grammar.)

Shout Outs:

Provide your shout out text below. Print clearly and use a separate line for each line of text you are purchasing. Each line of text is \$5.00. Lines that are too long will be truncated. Only letters, numbers, and standard characters are allowed. (Example Shout Out: "OMG U ROCK KELL-BELL!!!!!! WE LOVE YOU – Mom & Dad :-)")

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

Line 5: _____

Sponsorship: (Circle one)

All sponsorship levels will be acknowledged in the program if received by **February 14, 2020.**

Level I - \$5 - \$25

Level IV - \$101 – \$200 6 free tickets

Level II - \$26 - \$50 2 free tickets

Level V - \$201 – \$500 8 free tickets

Level III - \$51 - \$100 4 free tickets

Level VI - \$501 and above 10 free tickets

Please use the following name(s) in all acknowledgements:

___ I (we) wish to have our gift remain anonymous.

Donation:

Donations can be given in any amount you wish.

Please use the following name(s) in all acknowledgements:

___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

**Full Page
8" X 5"**

**Half Page
3.95" X 5"**

**Thank you for
supporting the
DCHS Theater.
Without your
support, our
theater program
would not be
possible.**

**Quarter Page
3.95" X 2.45"**