



P.O. Box 717, Canandaigua, New York 14424 (585) 412-6353 www.LakeMusicFestival.org

2018 Individual Annual Sponsorship Levels and Benefits

Acknowledgement in the 2018 Canandaigua LakeMusic Festival Program for donations received by July 1, 2018

- FESTIVAL SEASON SPONSOR** (\$5,000 +) listing as a Festival Season Sponsor. Plus a total of 16 tickets to your choice of FLCC concerts.
- CONCERT SPONSOR** (\$2,000 - \$4,999) listing as sponsor of one FLCC concert. Plus a total of 12 tickets to your choice of FLCC concerts.
- CLASSICAL BLUE JEANS SPONSOR** (\$1,000 - \$1,999) listing as a sponsor of this event. Plus a total of 8 tickets to your choice of FLCC concerts.
- MUSICIAN SPONSOR** (\$500 - \$999) listing as a sponsor of your choice of artist or ensemble. Plus a total of 4 tickets to your choice of FLCC concerts.
- FRIEND** (\$50 - \$499) Acknowledgement in the 2018 Canandaigua LakeMusic Festival Program.

2018 Corporate Annual Sponsorship Levels and Benefits

Acknowledgement in the 2018 Canandaigua LakeMusic Festival Program for donations received by July 1, 2018

- PLATINUM:** (\$5,000 +) Full back page ad in the program, 16 tickets to any of the FLCC concerts, *Platinum level* highlighted on the poster at entrance.
- DIAMOND:** (\$1,500 - \$4,999) Full page ad in the program, 12 tickets to any of the FLCC concerts, *Diamond level* highlighted on the poster at entrance.
- GOLD:** (\$500 - \$1,499) Half page ad in the program, 8 tickets to any of the FLCC concerts, *Gold level* highlighted on the poster at entrance.
- SILVER:** (\$250 - \$500) Quarter page ad in the program, 6 tickets to any of the FLCC concerts, *Silver level* highlighted on the poster at entrance.
- BRONZE:** (\$100 - \$249) Eighth page ad in the program, 4 tickets to any of the FLCC concerts, *Bronze level* highlighted on the poster at entrance.



Yes! I want to sponsor the 2018 Festival in the amount of \$ _____

Name / Company as you wish it to appear: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Visa/MC# _____ exp. date (mm/yy) ____ / ____ CCV#: _____

- I wish to receive the full tax deductibility of my gift and therefore decline the receipt of complimentary tickets.*
- I wish to remain anonymous.*

Please make checks payable to CLMF and mail to: CLMF, P.O. Box 717, Canandaigua, NY 14424