



DONOR LEVELS

Belle Fourche Area Community Theater needs your help to continue growing and producing high quality cultural and educational opportunities for all ages! Your support helps make everything we do possible while also increasing public exposure of your business. Your donation is also tax deductible! Each level of sponsorship comes with a variety of benefits as outlined below.

	PATRON \$250	ACTOR \$500	ASSISTANT DIRECTOR \$1,000	DIRECTOR \$1,500	ASSISTANT PRODUCER \$2,500	PRODUCER \$5,000
MENTION AND LINK ON THE BFACT WEBSITE	X	X	X	X	X	X
PLAYBILL ADVERTISEMENT	TEXT AD	1/8 PAGE AD	1/4 PAGE AD	1/2 PAGE AD	FULL PAGE AD	FULL BACK COVER AD
SIGNED SHOW POSTERS			X	X	X	X
FLEX TICKETS	2	4	4	4	2	
SEASON PASSES				2	4	8
MENTION DURING CURTAIN SPEECH AT PERFORMANCE						X

We hope our packages fit your needs. If you would like to discuss in-kind sponsorship, would like to generously sponsor us with more than \$5,000 (additional benefits will be discussed), or have general questions, contact either email on the following page. Feel free to let us know if you would prefer an in-person meeting with us. For all playbill ads you may submit your own or have the artists at BFACT create one for you.

SPONSORSHIP FORM

Thank you for your interest in forming a relationship with Belle Fourche Area Community Theater. We look forward to working together to further our mission of providing cultural opportunities to serve the education and entertainment needs of the Belle Fourche Area Community as well as providing an opportunity to participate for all volunteers interested in theater arts!

Once you submit your sponsorship form, the Executive Director or a member of the Board of Directors will contact you to get started on your advertising.

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____

I prefer to be contacted by (check one) Email: Phone:

I would like to be a voting BFACT member (1 per sponsorship) Yes: No:

I would like to receive BFACT newsletters to stay up to date Yes: No:

Donor Level (check one)

Patron (\$250) Actor (\$500) Assist Director(\$1000)

Director(\$1500) Assist Producer(\$2500) Producer(\$5000)

Please check one:

I have enclosed my donation

Amount enclosed: _____

Check/PO Number: _____

You may mail your completed form to: Belle Fourche Area Community Theater
PO BOX 427
Belle Fourche, SD 57717

You may email your completed form to : director@bellefourcheact.com or financing@bellefourcheact.com

You may also personally give your completed form to the Executive Director or any member of The Board of Directors.

Belle Fourche Area Community Theater is a tax-exempt, non-profit 501(c)(3) organization



WWW.BELLEFOURCHEACT.COM
PO BOX 427
BELLE FOURCHE, SD 57717
DIRECTOR@BELLEFOURCHEACT.COM

\$500

ACTOR

EIGHTH PAGE

(2.438 x 1.907 in)

\$1,000

**ASSISTANT
DIRECTOR**

QUARTER PAGE

(2.438 x 3.938 in)

\$500

ACTOR

EIGHTH PAGE

(2.438 x 1.907 in)

\$2,500

ASSISTANT PRODUCER

FULL PAGE

(5 x 8 in)

\$5,000

PRODUCER

FULL BACK COVER

(5 x 8 in)

\$1,500

DIRECTOR

HALF PAGE

(5 x 3.938 in)