



RCT Sponsorship/Donor Agreement

Contact: _____

Organization: _____

Address: _____

City, State ZIP: _____

Phone: _____ Fax: _____

Email: _____

Partnership Details

_____ agrees to _____ Level Sponsorship/Donor support of \$ _____

Production selected or program restrictions, if any: _____

RCT Sponsorship Benefits are noted per Sponsorship Level; special notations are listed below:

Payment Schedule and Options

Check # _____

Visa/MC # _____ Exp Date _____

Please Invoice

Authorization: I, the undersigned, agree to pledge the above in support of Roanoke Children's Theatre.

Authorized Signature (s): _____

Date: _____

For Roanoke Children's Theatre: _____

Date: _____

Thank You! Roanoke Children's Theatre is grateful for your support of the arts and youth in our community!