A Night In! with Astral Laureates

REPLY FORM

___ Yes, I/we would be delighted to support Astral’s A Night In, and appreciate the invitation to kick the shoes off, snuggle under a warm blanket, raise a glass of my favorite beverage, and stay home...all while supporting Astral. I/We will gladly sponsor A Night In at the following level:

___ Big Bang Sponsor ($5,000) Fully tax-deductible
• Listing as Big Bang Sponsor in all A Night In! acknowledgment sites
• Personalized recorded performance by Laureate of your choice
• Full-page tribute advertisement in the 20/21 Astral In Concert program book

___ Cosmos Sponsor ($2,500) Fully tax-deductible
• Listing as Cosmos Sponsor in all A Night In! acknowledgment sites
• Personalized recorded performance by Laureate of your choice
• Half-page tribute advertisement in the 20/21 Astral In Concert program book

___ Galaxy Sponsor ($1,500) Fully tax-deductible
• Listing as Galaxy Sponsor in all A Night In! acknowledgment sites
• Recorded performance by our Astral Laureates
• Quarter-page tribute advertisement in the 20/21 Astral In Concert program book

___ Constellation Sponsor ($1,000) Fully tax-deductible
• Listing as Constellation Sponsor in all A Night In! acknowledgment sites
• Recorded performance by our Astral Laureates

___ Planet Sponsorship ($500) Fully tax-deductible
• Listing as Planet Sponsor in all A Night In! acknowledgment sites
• Recorded performance by our Astral Laureates

___ Star Sponsorship ($250) Fully tax-deductible
• Listing as Star Sponsor in all A Night In! acknowledgment sites
• Recorded performance by our Astral Laureates

___ I/We gladly support A Night In! with a tax-deductible gift of $ ____________.
A Night In! with Astral Laureates

REPLY FORM

Sponsor Information

Name: ________________________________________________________________

As you would like to be acknowledged

Address: __________________________________________________________________

City: __________________________ State: ____  Zip: __________

Phone: __________________________  Email: ______________________________

Payment Method

____ Check (made payable to Astral)

____ Credit Card    Visa ____  MC ____  Discover ____  AMEX ____

Card #: __________________________________________  Exp. ________________

Signature: __________________________________________________________________

Completed forms may be faxed to 215/735-6856 or mailed to: Astral, 230 South Broad Street, Suite 300, Philadelphia, PA 19102.

Questions? Contact Nicholas Masters at 215/735-6999 or nicholas@astralartists.org.

Thank you!