



Sponsor Levels and Benefits

Sponsorship entitles you to the benefits outlined below (all donations are tax deductible):

\$2,000 Boardwalk Supporter

- **Four tickets** to the first Atlantic City Boardwalk Art Show Preview Night
- Individual or company name & logo on all promotional print material (must receive commitment by July 1)
- Individual or company name & logo on signage located at the entertainment stage, and announcement of support in between acts
- Large logo and active link to business website on www.doartac.com for 12 months
- Individual and company name will be included in all press releases and paid advertising
- Large individual or company logo will be printed on event t-shirt

\$1,000 Park Place Supporter

- **Two tickets** to the first Atlantic City Boardwalk Art Show Preview Night
- Individual or company name & logo on signage located at the entertainment stage
- Small logo and active link to your website on www.doartac.com for 12 months
- Large individual or company logo will be printed on event t-shirt

\$500 Pacific Avenue Supporter

- **One ticket** to the first Atlantic City Boardwalk Art Show Preview Night
- Small logo located on www.doartac.com
- Individual or company name will be printed on event t-shirt

\$100 Atlantic Avenue Supporter

- Receive a DoArtAC button to show support
- Receive an event t-shirt



CITY OF
ATLANTIC CITY



ATLANTIC COUNTY
OFFICE OF
CULTURAL &
HERITAGE AFFAIRS



**Proceeds support The Atlantic City Boardwalk Art Show.
All donations are essential to our mission and greatly appreciated!**

Sponsorship recognition begins after receipt of signed sponsor agreement form and full payment. Tax ID# 22-2858713.



Sponsor Agreement Form

Yes, I want to sponsor The Atlantic City Boardwalk Art Show!

(Please check appropriate line indicating sponsor level below):

___ \$2,000

___ \$1,000

___ \$500

___ \$100

I cannot commit to sponsorship, but a contribution of \$_____ is enclosed.

I would like to offer an in-kind donation (please describe and indicate value): _____

Donor/Company Name (as you would like it to appear web/print materials)

Contact Name(s)/Title

Address

City

State

Zip/Postal Code

Phone

Fax

Email

Web Address

Payment information:

___ Enclosed is a check made payable to **Noyes Museum of Art, Attn: DoArtAC**

___ Please invoice me

___ Please charge my (circle one):



Account Number

Expires

Cardholder Signature

Date

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Please return completed form to:

The Noyes Museum of Art of Stockton College

Attn: DoArtAC

733 Lily Lake Road, Oceanville, NJ 08231

Phone: 609.652.8848

Fax: 609.652.6166

www.doartac.com

