

SPONSORSHIP BENEFITS & RECOGNITION

GRAND OPENER 1\$10,000

- Back cover ad in show program^{1,2}
- Sponsorship of Congress Night
- Prominent lobby signage at every performance
- Name and logo on Website (www.hexagon.org) from time of donation to August 31, 2012
- Onstage Newsbreak opportunity for one show

GRAND OPENER 2\$7,500

- Inside front cover ad in show program^{1,2}
- Prominent lobby signage at every performance
- Name and logo on Website (www.hexagon.org) from time of donation to August 31, 2012
- Onstage Newsbreak opportunity for one show

DIRECTOR\$5,000

- Full-page ad in show program^{1,2}
- Prominent lobby signage at every performance of the show
- Name and logo on Website (www.hexagon.org) from time of donation to August 31, 2012

PRODUCER\$2,500

- Half-page ad in show program^{1,2}
- Prominent lobby signage at every performance of the show
- Name and logo on Website (www.hexagon.org) from time of donation to August 31, 2012

PERFORMER.....\$1,000

- Quarter-page ad in show program^{1,2}
- Prominent lobby signage at every performance of the show
- Name and logo on Website (www.hexagon.org) from time of donation to August 31, 2012

STAR\$500

- Name in show program

CO-STAR\$250

- Name in show program

UNDERSTUDY.....up to \$249

- Name in show program

¹Non tax-deductible benefit is program ad (\$ depends on ad size). If you choose not to receive this item, your full donation is tax deductible to the extent of the law.

²Art and ad copy must be received by February 20, 2012.

SPONSORSHIP ORDER FORM

Company/Organization Name _____

Contact Person's Name _____

Address _____

City, State, Zip _____

Telephone _____

E-mail _____

- Sponsorship Level (Check One):
- Grand Opener 1
 - Grand Opener 2
 - Director
 - Producer
 - Performer
 - Star
 - Co-Star
 - Understudy (\$_____)

PAYMENT

Check enclosed for \$_____ (please make checks payable to Hexagon, Inc.)

- Visa MasterCard Amex

Card number: _____

Expiration date: _____

Signature: _____

Please return this form with payment (and artwork for any advertising) to:

Hexagon, Inc.
Attn: Marketing VP
5505 Connecticut Avenue, NW, PMB 294
Washington, DC 20013-2601

- I/We wish to receive full benefits in recognition of my/our charitable gift
- I/We do NOT wish to receive any benefits (full amount of gift is tax-deductible)