

EVENT CHAIRS Mayor Matt & Barb Walsh

EVENT CO-CHAIRS Jared & Cieandra Tripp

HOFF FAMILY ARTS & CULTURE CENTER 1001 S 6th St Council Bluffs, IA

## PACE INTERACTIVE 07.29.2022 6PM-9PM

PACE INTERACTIVE Sponsorship Package

[ Tax Deductible Amount ]	PRESENTING \$10,000 [\$7,182]	<b>GOLD</b> \$7,500 [\$6,031]	<b>SILVER</b> <b>\$5,000</b> [\$4,265]	BRONZE \$2,500 [\$2,107]
Logo or Name Displayed During Event		$\checkmark$		$\checkmark$
Logo or Name Displayed in Programs	V			
Logo or Name Displayed on PACE Interactive Web Page	V		R	
Social Media Mention	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Private, Behind the Scenes Tour with CEO		$\checkmark$	$\checkmark$	$\checkmark$
Main Stage Verbal Recognition	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Complimentary Single Room Rental*	V	$\mathbf{\overline{\mathbf{A}}}$		
Opportunity for Brief Highlight in PACE Interactive Welcome Video				
Event Tickets	20 Tickets	14 Tickets	10 Tickets	8 Tickets

Your generous support helps to strengthen and grow PACE art exhibitions, performances, and educational programs, while helping to keep them affordable and accessible for everyone.

If you have any questions, please contact Amy Lillethorup, Development Director, at (712) 890-5607 or at amy@paceartsiowa.org.

\* Venue rental available upon request. Complimentary rental includes space only. Date and time to be determined along with PACE staff. For all venue and event rentals, please contact Bitsy Metzger at bitsy@paceartsiowa.org.



EVENT CHAIRS Mayor Matt & Barb Walsh

EVENT CO-CHAIRS Jared & Cieandra Tripp

HOFF FAMILY ARTS & CULTURE CENTER 1001 S 6th St Council Bluffs, IA



PACE INTERACTIVE Sponsorship Package

## **CONTACT INFORMATION**

Name:			
Company (if applicable):			
Name for Recognition: _			
I would like to remain a second se	in anonymous.		
Address:			
City:		_ State:	ZIP:
Phone:		_ Email:	
LEVEL OF SPONSORS	HIP		
□ \$10,000 Presenting	20 Tickets		
□ \$7,500 Gold	14 Tickets		
□ \$5,000 Silver	10 Tickets		
□ \$2,500 Bronze	8 Tickets		
I do not want any contribution amou		nsorship. Please s	end me a tax receipt in the full
I am unable to atte	end, but please acc	ept my donation o	f \$
Check enclosed,	made payable to P	ACE.	
I authorize \$	to be c	harged to my cred	it card information listed below.
Please send me a	an invoice on/	/	
PAYMENT INFORMATI	ON		
🗆 Visa 🛛 Mastercard	□ Discover □	American Express	5
Credit Card #:			
Cardholder Address:			
Expiration Date:/_	CVV:		
Signature:			Date://

PACE INTERACTIV 07.29.2022 6PM-9PM