

CODY RAY SLAUGHTER

ELVIS FOREVER

ULTIMATE ELVIS TRIBUTE ARTIST



LAKWOOD CULTURAL CENTER
SATURDAY, OCT. 19, 7:30 PM
SUNDAY, OCT. 20, 3:00 PM

Benefit Concert Sponsorship

My Name _____

Sponsor Name _____

Please PRINT sponsor name as you wish it to appear on promotional materials

Mailing Address _____

Telephone _____ Email _____

My check payable to **Mount Evans Home Health Care & Hospice** is enclosed

Charge \$ _____ to my (circle one) Visa MasterCard Discover American Express

(The Card Security Code--CVC-- number is a 3-digit number on the back of Visa, MasterCard and Discover cards, or a 4-digit number on the front of American Express cards.)

Number _____ Exp Date _____ CVC # _____

Signature _____ Name as it appears on card _____

I am unable to sponsor the concert, but would like to contribute \$ _____

SPONSORSHIP OPTIONS

Graceland: \$5,000

- ◆ Recognition in the theatre
- ◆ Full page ad in program
- ◆ Sponsor logo included on the promotional poster
- ◆ Link to your website from Mount Evans' website
- ◆ 8 VIP tickets

Blue Suede Shoes: \$2,500

- ◆ Recognition in the theatre
- ◆ 1/2 page ad in program
- ◆ Sponsor logo included on the promotional poster
- ◆ Link to your website from Mount Evans' website
- ◆ 4 VIP tickets

Burning Love: \$1,000

- ◆ Recognition in the theatre
- ◆ 1/4 page ad in program
- ◆ Name listed on promotional poster
- ◆ Link to your website from Mount Evans' website
- ◆ 2 VIP tickets

All Shook Up: \$500

- ◆ Name in program
- ◆ Recognition on Mount Evans' website
- ◆ 2 tickets

Choose show for your reserved tickets (subject to availability):

Saturday, October 19 at 7:30 PM

Sunday, October 20 at 3:00 PM

Please complete and send this form to Marcia Vickerman by August 1, 2019 along with your business logo (if applicable).

Mail: Mount Evans Home Health Care & Hospice, 3081 Bergen Peak Dr., Evergreen, CO 80439

Fax: 303-679-1372

Email: mvickerman@MountEvans.org

For more information, call **303-674-6400**.

