

Your PLEDGE

Visionary Dance Productions Sponsorship Agreement

I think this is a marvelous program. Sign me up!

I, _____ (full name)
have fully read and understand and agree with the terms described.

I pledge to support Visionary Dance Productions with no less than \$150, or the designated monetary amount below, each month for one year. I am honored that my pledge along with the other Golden Patron pledges that ensures the studios stays open for business and entitles me to the dance benefits described for the full year:

From Date: _____(Month/Year) for 12 months, until _____(Month/Year)

✓Choose one Position:

Golden Dome Member

\$5000 or more in one sum: \$ _____
OR divided per month: \$ _____

Foundation Member (\$5 a Day)

\$150 per month, one year benefits
Monthly amount to be billed or charged

Capitol Member (\$6 a day)

\$180 per month, one year benefits
Monthly amount to be billed or charged

Long Distance Supporters

\$150 per month 1 year commitment
Monthly amount to be billed or charged

Signature _____ Date _____

Other Ways to Contribute:

Corner Stone Donation (One time Gift)

While I cannot take full advantage of this opportunity at this time, I would like to make a gift to show my appreciation of the studio's good work. (Does not include classes nor benefits.)

Write One time Gift Total \$ _____

Come to Class! (please register or at the studio)

Your Pledge monthly responsibility and fee:

If you chose monthly payments, the amount will be:

- charged automatically to your credit card each month
- paid by check
- paid cash

Payments are due five days before the end of each month. (\$25 fee for any returned checks). It is understood if you are not able to make classes because of scheduling or other life situations the fee still applies. This is your pledge to the studio. If you must break the contract we need one month's (30 days) written notice during which time your pledge is still expected. Please work with us to find a donor/dancer to replace your Golden Patronage. We need an ongoing for the studio to remain open to serve our dance community.

(Fill up both pages)

Payment & Personal Information

Printed Name: _____

Golden Patron Status Position _____

Confirm \$ _____ monthly payment

- I will pay by Check or Cash each month
- Please charge my credit card between the 1st -5th of each month;
from _____ (Month/Year) to _____ (Month/Year)
- Please charge my credit card with a One Time Donation of: \$ _____

Signature: _____

Credit Card Number: _____

___ VISA ___ MC

Expiration date (mm/yy): _____ Code on back: _____

Full Name on the Card: _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

How do you want your name mentioned on studio plaque?

Name Credited: _____

Donors can be recognized as anonymous if they wish

Sponsor a dancer

If you would like your benefit package to go to someone else please fill up this section and obtain a receipt confirmation with this program before notifying them.

Participant's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Do you want us to notify the recipient? Y / N , I will notify the recipient: Y / N
OR

Do you want us to find a worthy recipient? Y / N

Thank you for becoming a Golden Patron.
You will receive an Official Certificate honoring your patronage.

Love,
Delilah and VDP Studio Staff

Sent Pledge Form to:



4128 FREMONT AVE N, SEATTLE WA 98103

WWW.VISIONARYDANCE.COM

Tel: (206) 632-2353