

SPOLETO FESTIVAL

MAY 23, 2024

OPENING GALA

Yes! I would like to support the Spoleto Festival Opening Gala by reserving:

TABLES* (all tables seat 10 guests):

_____ **\$25,000 Legend Table:** *Table of 10 with premier seating and recognition in the print and digital event materials and Festival program book.*

_____ **\$15,000 Visionary Table:** *Table of 10 with preferred seating and recognition in the print and digital event materials and Festival program book.*

_____ **\$7,500 Saga Table:** *Table of 10 with recognition in the print and digital event materials and program Festival program book.*

TICKETS*

_____ **\$2,500 Splendor Individual Ticket:** *One (1) individual ticket with premier seating and recognition in digital event materials and Festival program book.*

_____ **\$1,500 Idol Individual Ticket:** *One (1) individual ticket with preferred seating and recognition in digital event materials and Festival program book.*

_____ **\$750 Star Individual Ticket:** *One (1) individual ticket and recognition in digital event materials and Festival program book.*

** Please note that the good faith estimate of the costs of goods and services received is approximately \$300 per ticket.*

CONTRIBUTIONS:

_____ I am unable to attend and would like to make a tax-deductible donation in the amount of \$_____.

SPONSORSHIP OPPORTUNITIES:

_____ I am interested in being contacted regarding event sponsorship, starting at \$35,000, for brand awareness and recognition opportunities at the event. Or, please reach out to Jessie Pierce at jpierce@spoletousa.org for additional details.

See reverse for contact and payment details.

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CONTACT INFORMATION

Name: _____

(As you wish it to be recognized on public listings in digital and print collateral)

Primary Contact (if different than above): _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

PAYMENT METHOD

_____ Enclosed is a check for \$ _____ made payable to Spoleto Festival USA.

_____ Please call me at the telephone number above for my credit card information.

_____ Please charge \$ _____ to my credit card on file.

Name on Card: _____ Card Type (Circle): Visa / Mastercard / Amex

Card Number: _____ CVV: _____

Signature: _____ EXP: _____

For additional information, please visit www.spoletousa.org/gala or contact Rachel Coker at rcoker@spoletousa.org or Jessie Pierce at jpierce@spoletousa.org, or call the events team at 843.724.1188.