



SOCIETY FOR THE PERFORMING ARTS BLACK AND WHITE BALL
SATURDAY, APRIL 6, 2019 | GRAND FOYER AT WORTHAM THEATER
 CO-CHAIRS | MARY ANN & DAVID MCKEITHAN, CHERYL & SAM BYINGTON
 HONORARY CHAIR | MARGARET ALKEK WILLIAMS
 COMMUNITY HONOREES | RINI & EDWARD ZIEGLER
 CORPORATE HONOREE | H-E-B

PLEASE RESERVE A TABLE:

- \$50,000 PREMIER** TABLE FOR TWELVE
- \$25,000 TABLE** FOR TEN
- \$15,000 TABLE** FOR TEN
- \$10,000 TABLE** FOR TEN
- \$6,000 TABLE** FOR TEN

PLEASE RESERVE INDIVIDUAL TICKETS:

- \$5,000** _____ **TICKET(S)** PER PERSON
- \$2,500** _____ **TICKET(S)** PER PERSON
- \$1,500** _____ **TICKET(S)** PER PERSON
- \$1,000** _____ **TICKET(S)** PER PERSON
- \$600** _____ **TICKET(S)** PER PERSON

TABLE BENEFITS AND RECOGNITION:

~ \$50,000:

- Premier table for twelve (12) at the Gala, centrally located
- Name recognition as Premier level on all printed materials, including press releases, Gala invitation and program
- Premier recognition at the Gala
- Recognition in all SPA performance programs for one year
Valet parking, invitations to pre-curtain receptions and cast parties for four (4) people for one year

~ \$25,000:

- Prominent table for ten (10) at the Gala
- Name recognition as prominent level on all printed materials, including press releases, Gala invitation and program
- Prominent recognition at the Gala
- Recognition in all SPA performance programs for one year

- Invitations to pre-curtain receptions/cast parties for one year

~ \$15,000:

- Preferred table for ten (10) at the Gala
- Name recognition in the Gala invitation and program
- Listing in all SPA performance programs for one year
- Invitations to pre-curtain receptions/cast parties for one year

~ \$10,000:

- Sponsor table for ten (10) at the Gala
- Name recognition in the Gala invitation and program
- Listing in all SPA performance programs for one year

~ \$6,000:

- Patron table for ten (10) at the Gala
- Name recognition in the Gala invitation and program

NAME _____

(AS YOU WISH IT TO APPEAR IN PRINTED MATERIALS)

CONTACT NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

I AM UNABLE TO ATTEND BUT WOULD LIKE TO MAKE A CONTRIBUTION OF \$ _____

IN HONOR OR IN MEMORY OF _____

MY CHECK **PAYABLE TO SPA** IS ENCLOSED

PLEASE INVOICE ME FOR MY TABLE/TICKET(S) PLEDGE ON (DATE) _____

PLEASE CHARGE MY: AMERICAN EXPRESS MASTERCARD VISA DISCOVER

CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____ DATE _____

ALL PURCHASES WILL HAVE A FAIR MARKET VALUE OF \$175 PER SEAT
 FOR MORE INFORMATION, PLEASE CONTACT PATRICIA COOPER AT 713.632.8103 OR PCOOPER@SPAHOUSTON.ORG
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