

Busir	ness Name (if applicable):	
	act Name:	
	ess:	
	State/Zip:	
	ne:	
	il:	
	site:	
Spor	sorship Levels	
□	Producer (\$5,000+)	
	Partner (\$2,500)	
	Supporting (\$1,000)	
	Enclosed is my check made payable to "City of East Lans	ing"
	I would like to have my sponsorship renewed annually	
Snor	esor Signature:	Date:

Mail to: All-of-us Express Children's Theatre, 819 Abbot Road, East Lansing, MI, 48823

Show Program Advertising

All-of-us Express Children's Theatre would like to help you boost your business as well as help ours. Advertise in one or more of our show programs!

Full-season discount: get four ads for the price of three!

- •Full-page ad: \$110
- •Half-page ad: \$60
- •Quarter-page ad: \$40

Company/Organizati	ion:
Address:	
Phone:	Email:
We accept both full co	ubmitted digitally and emailed to kmiller@cityofeastlansing.com. olor and black & white ads. We do our best to always print full color uarantee it for every show.
_	Width 4.25" x Height 7.0" Width 4.25" x Height 3.5" Width 4.25" x Height 1.75" or Width 2.125" x Height 3.5" — Full Page — Half Page — Quarter Page
Check Thank you!	ayable to "City of East Lansing"M/CVisaDiscover
Card #:	Exp. Date:
Cardholder Name:	
3-digit code(back of a	card):Zip code of cardholder:
Phone # of cardholde	er:
Signature:	



Please return this form to: All-of-us Express Children's Theatre c/o East Lansing Department of Parks, Recreation & Arts 819 Abbot Road

East Lansing, MI 48823