**SPONSOR PACKAGES**

- **Impresario Sponsorship . . . . . . $25,000**
  Table for ten;* “best seats in the house;” recognition in the evening’s program

- **Virtuoso Sponsorship . . . . . . . $15,000**
  Eight tickets* to the event; premium seating; recognition in the evening’s program

- **Coloratura Sponsorship . . . . . . $10,000**
  Six tickets* to the event; preferred seating; recognition in the evening’s program

- **Encore Sponsorship. . . . . . . . . . . . . . . $5,000**
  Four tickets* to the event; preferred seating; recognition in the evening’s program

**PREMIUM TICKETS**

- **Duet . . . . . . . . . . . . . . . . . . . . . . . . . . . $1,000**
  Two premium tickets;* best seating and acknowledgement in the evening’s program

- **Soloist . . . . . . . . . . . . . . . . . . . . . . . . . . . $500**
  One Premium ticket;* best seating and acknowledgement in the evening’s program

- **Individual Ticket . . . . . . . . . . . . . . . . . . . $300**

**Please list the names of those attending:**

- 
- 
- 

I want to do even more! I am happy to enclose a tax-deductible contribution of $______________ for scholarships.

Sorry to miss the fun! I am pleased to enclose my tax-deductible contribution of $______________ for scholarships.

Please see reverse side for payment information.
For more information please call Heather Shank, (914) 606-6558

*$125 per ticket is not tax deductible
Total from reverse side $ ___________________

Please make checks payable to WCC Foundation or supply your MasterCard, Visa, or Discover number. Please return in the enclosed envelope.

Name ________________________________________________________________

Billing Address _____________________________________________________________________________________________

City __________________________________ State _______ Zip ______________________

Phone____________________________________________________________________________________________________

E-mail Address _____________________________________________________________________________________________

MasterCard / Discover / Visa # ______________________________________________________________

Card Expiration Date __________________________ Security Code ______________________

Card Holder Signature __________________________________________________________________________________

To reserve online please visit www.mysunywcc.org/events

Please respond by April 9, 2013

Please contact Heather Shank at 914-606-6558 or heather.shank@sunywcc.edu with questions.