



UNDERWRITING CONTRACT
DALLAS SYMPHONY ORCHESTRA LEAGUE –SAVOR THE SYMPHONY
 Thursday, April 21, 2022 Ritz-Carlton Dallas

Donor's Name: _____
 Company (if applicable): _____
 Address: _____
 Phone: Home: () _____ Work: () _____ Cell: () _____
 Email: _____

Underwriting Levels Include: Seated Dinner, Program Recognition, Complimentary Valet Parking

Presenting Sponsor	Loge	Orchestra Terrace	Orchestra Terrace	Grand Tier
\$20,000	\$15,000	\$10,000	\$5,000	\$3,500
One Table of 10	One Table of 10	One Table of 10	One Table of 10	One Table of 10
VIP Seating at the event	VIP Seating at the event	VIP Seating at the event	VIP Seating at the event	
Invitation for 2 to the Chairman's Dinner (Invitation Only Event)				
<ul style="list-style-type: none"> • DSO Program Recognition • Recognition on Crystal Wall Plaque • 10 Tickets to a DSO Concert of Your Choice • 10 VIP Private Intermission Reception Passes 	<ul style="list-style-type: none"> • DSO Program Recognition • Recognition on Crystal Wall Plaque • 8 Tickets to a DSO Concert of Your choice • 8 VIP Private Intermission Reception passes 	<ul style="list-style-type: none"> • DSO Program Recognition • Recognition on Crystal Wall Plaque • 4 Tickets to a DSO concert of Your choice • 4 VIP Private intermission Reception passes 	<ul style="list-style-type: none"> • DSO Program Recognition • Recognition on Crystal Wall Plaque 	<ul style="list-style-type: none"> • Recognition on Crystal Wall Plaque
Fair Market Value: \$2,134	Fair Market Value: \$1,680	Fair Market Value: \$1,490	Fair Market Value: \$1,300	Fair Market Value: \$1,300

All underwriting levels receive recognition in the Savor the Symphony program.

*To redeem concert tickets and intermission reception benefits please contact Allison Brodnax at A.Brodnax@DalSym.com

I/We would like to purchase the _____ Underwriting Level in the amount of \$20,000 \$15,000 \$10,000 \$5,000 \$3,500
 (Add guest names for table on back of page)

I/We would like to purchase ____ Individual Patron Underwriting ticket(s) in the amount of \$500 each

I would like to make an "In Honor of Donation" of \$ _____ \$1000 \$500 \$250 \$100 \$50

Name of Honoree _____

I am unable to attend but wish to donate \$ _____

I am enclosing my check for \$ _____ (All checks made payable to: Savor the Symphony)

CHARGE: \$ _____ Visa Master Card American Express

Credit Card Number: _____ Exp. Date: _____ Sec. Code: _____

Name of cardholder: _____

Billing address if different from above: _____

MATCHING GIFT SPECIAL LISTING INSTRUCTIONS: Correct name of individual or company to be used for listing in all advertising, publicity and program. Please fill in exactly as it should appear in print including capitals and abbreviations.

I (WE) REQUEST THAT OUR GIFT REMAIN ANONYMOUS

Underwriter's Signature _____

Date _____

PLEASE PROVIDE INFORMATION ON YOUR GUESTS:

1. Table Host
Address
City/Zip

2. Name	3. Name	4. Name
Address	Address	Address
City/Zip	City/Zip	City/Zip

5. Name	6. Name	7. Name
Address	Address	Address
City/Zip	City/Zip	City/Zip

8. Name	9. Name	10. Name
Address	Address	Address
City/Zip	City/Zip	City/Zip