



UNDERWRITING CONTRACT
DALLAS SYMPHONY ORCHESTRA LEAGUE – SAVOR THE SYMPHONY
 Thursday, April 13, 2023 Ritz-Carlton Dallas

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

Presenting Sponsor	Loge	Orchestra Terrace	Orchestra	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	
<ul style="list-style-type: none"> • Invitation for 2 to the Chairman's Dinner (Invitation Only Event) • DSO Program Recognition • Recognition on Crystal Wall Plaque • 10 Tickets to a DSO Concert of Your Choice* • 10 VIP Private Intermission Reception Passes • Recognition in Program 	<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 • Recognition in Program 	<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 • Recognition in Program 	<ul style="list-style-type: none"> • DSO Program Recognition • Recognition on Crystal Wall Plaque • Recognition in Program 	<ul style="list-style-type: none"> • Recognition on Crystal Wall Plaque • Recognition in Program

**Subject to availability. To redeem concert tickets and intermission reception benefits please contact Maliska Haba m.haba@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 Discover

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 pay online at www.dallassymphonyleague.com
 Return Contract with Payment to: Kate McCoy, 6218 Dilbeck Lane Dallas TX 75240, Phone 214-315-4609,
justkatemccoy74@gmail.com

The Dallas Symphony Orchestra League is a 501(c)3 non-profit organization. Tax ID 75-0705442

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

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