

2017 MARIAN ANDERSON AWARD
GALA DINNER AND CONCERT
HONORING DIONNE WARWICK

NOVEMBER 14, 2017
Kimmel Center for the Performing Arts



(Please list corporate sponsor name as you would like it to appear in the program)

- We will sponsor a Corporate Table (ten guests) at the **\$10,000 Benefactor Level**. (*Premium Benefactor seating and listing in the program.*)
- We will sponsor a Corporate Table (ten guests) at the **\$5,000 Patron Level** (*Choice Patron seating and listing in the program.*)

Please note: Cocktails begin at 5:30 PM, Dinner is seated at 6:30 PM, the Concert begins at 8:30 PM – Dress is black-tie.

- Enclosed you will find our check for \$_____ for _____ table(s).
- Our check must be processed and will follow in due course.

Checks should be made out to: Philadelphia Festival of the Arts, Inc.

Please mail payment to:
The Marian Anderson Award
Kimmel Center for the Performing Arts
1500 Walnut Street, 17th floor
Philadelphia, PA 19102

So that our records are as accurate as possible, please fill out the following and mail with your check or fax to: **215 893-1878**. Table Sponsorships confirmed by **October 2, 2017** will be included in the Playbill. You can also scan and email to pmoran@kimmelcenter.org

CEO, Chairman, President, Other

(Contact with telephone number and email)

Company

Address I

Address II

(City)

(State)

(Zip)

(Telephone)

(Fax Number)

2017 MARIAN ANDERSON AWARD GALA DINNER & PERFORMANCE

The following are the guests of the _____
Company Name

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

***Feel free to contact the Award Office at 215 893-1837
with any questions.***

***Please email your guest list no later than November 8,
2017 to .***

pmoran@kimmelcenter.org