

The Concert Across America to End Gun Violence Individual and Organizational Sponsor Form

Your nam	le(s) or the name of the organization as you would like to have it appear in the event program:
Contact N	Name: Title:
Address:_	
Phone:	Email:
Please che	eck desired sponsorship level.
	\$100 — (Individual sponsorship only.) You will receive two concert tickets and have your name(s) listed in the event program. \$70 is tax deductible.
	$^{$250}$ — You will receive five concert tickets and have your organization's name listed in the event program. \$175 is tax deductible.
	_ \$500 — You will receive 10 tickets, a listing in the event program, and exhibit space for tabling during the concert. (NOTE: you may sell merchandise at your table, but NO food or beverages.) \$350 is tax deductible.
	Other — Please write in an amount over \$500. \$ You will receive all the benefits of a \$500 sponsorship but the tax deductible amount will be greater.
	Make check payable to Protect Minnesota and write "Concert Sponsorship" on the memo line.

Fill out this form and mail it, with your check to:

Protect Minnesota 2395 University Ave West, Suite 204 St. Paul, MN 55427

DEADLINE TO HAVE NAMES LISTED IN THE PROGRAM: September 16, 2016

Protect Minnesota reserves the right to deny sponsorship to any organization whose mission or message is not in alignment with the mission and message of Protect Minnesota.

