Making the arts accessible to residents and visitors of the Brazos Valley for over 45 years!



4180 Highway 6 South College Station, Tx 77845 (979) 696-2787 www.acbv.org deputy@acbv.org

## THE ARTS COUNCIL BUSINESS MEMBERSHIP OPPORTUNITIES

	Underwriter \$10,000	Da Vinci \$5,000	Mozart \$2,500	Picasso \$1,000	O'Keeffe \$500	Shakespeare \$250
Invitations to all Arts Council Events & Receptions	•	•	•	•	•	•
One time Logo & Link in ACBVoice E-Newsletter as Business Member Spotlight	•	•	•	•	•	•
Link as business supporter on acbv.org membership page for one year	Underwriter Title + Logo	+ Logo	+ Logo	+ Logo	•	•
Logo, link, and special recognition on The Arts Council's Facebook page	Once a month for a year	Once a month for a year	Once a month for 6 months	Once a month for 2 months		
Banner advertisement on acbv.org homepage	l year	l year				
Placement in <i>Celebrate the Arts</i> program	Full Page	Half-Page	Listing as Member			
Sponsor one gallery show at our new facility	Name/Logo on + 750 mailing cards, ACBVoice E-Newslettter, and all other promotional and marketing materials	Name/Logo on + 750 mailing cards, ACBVoice E-Newslettter, and all other promotional and marketing materials				
Name/Logo on Invitations for one year	+ 10,000 rack cards, + 10,000 opening reception cards, Boots & BBQ invitation, and Celebrate The Arts invitation					
Payment Options	1 year, equal monthly installments	1 year, equal monthly installments	6 months equal monthly installments	3 months equal monthly installments		

For the first year at our new facility new members who join at the Mozart level or higher and returning members who upgrade to the Mozart level or higher, will be able to host a private event of up to 20 guests at the new facility, pending availability. (ex. Mozart → Da Vinci, etc.).

\*Reservation dates are subject to the approval of ACBV staff based on availability and staffing requirements.

## **BECOME A MEMBER TODAY!**

\$250	\$500	\$1,000	\$2,500	\$5,000	\$10,000	
SHAKESPEARE	O'KEEFFE	PICASSO	MOZART	DA VINCI	UNDERWRITER	
Business Name				Contact Name		
Address						
City		State	7:		Phone	
City		State	Zip		Phone	
Website			Email			
	_	Payment Sch				
Payment Options (circle one	e):	Payment Encl	osed: \$			
If you wish to pay by credit o	card please comple	te the following inf	ormation:			
Card Number				Expiration Da	te	
ecurity Code Billing Zip Code				Signature		