central wisconsin area
cwACT
COMMUNITY THEATER

cwACT Sponsorship/Ad Form 2026-2027 Season

Company Name: _____
Contact Person: _____
Address: _____
Email: _____
Phone: _____

Check ONE box in this section:

- ☐ **Premier Sponsor - $5,000**
- ☐ **Season Sponsor - $2,000**
- ☐ **Show Sponsor - $1,000**
  Selected Show: _____
- ☐ **Community Sponsor - $500**

- ☐ **1/8 Page Black & White Ad (2.5" x 2") $80.00**
- ☐ **1/4 Page Black & White Ad (2.5" x 4") $160.00**
- ☐ **1/2 Page Black & White Ad (5" x 4") $300.00**

Signature: _____

If you would like an invoice, please check here: ☐

Preferred files types for your logo/ad are PNG, JPG, or PDF.

☐ Our business advertised during the prior season. Use the logo/advertisement on file.

☐ We will email our logo/advertisement to marketing@cwact.org

---

Please mail this form with a check to: cwACT, P.O. Box 584, Stevens Point, WI 54481

OR please email the form to marketing@cwact.org and use the QR code to pay via Zeffy.

For inquiries, please reach out to marketing@cwact.org. ***Thank you for your support!***