Celebrando el Día de los Muertos  
Celebrating the Day of the Dead  
A Community Cultural Event  
November 1, 2019 | 6-9 PM  
The Heritage Museum & Cultural Center

**CELEBRATION SPONSOR – COST: $2,500**  
This sponsorship includes the following amenities:  
• 20 tickets to the event.  
• 20 complimentary drink tickets.  
• Recognition that evening as CELEBRATION Sponsor.  
• Listing at the event as CELEBRATION Sponsor.  
• Name and/or logo included in all promotional media.  
• Opportunity to speak during the evening.  
• Opportunity to have a promotional booth.

**EL NIÑO SPONSOR – COST: $1,500**  
This sponsorship includes the following amenities:  
• 10 tickets to the event.  
• 10 complimentary drink tickets.  
• Recognition from stage as EL NIÑO Sponsor.  
• Listing in the event signage as EL NIÑO Sponsor.  
• Name and/or logo included in promotional media.

**TAMALE SPONSOR – COST: $750**  
This sponsorship includes the following amenities:  
• 4 tickets to the event.  
• Recognition from stage as TAMALE Sponsor.  
• Listing in the event signage as TAMALE Sponsor.  
• Name and/or logo included in promotional media.

The Heritage Museum and Cultural Center  
601 Main Street, St. Joseph | 983-1191  
eandrews@theheritagemcc.org

Southwest Michigan Symphony Orchestra  
513 Ship Street, St. Joseph | 982-4030  
sue@smso.org
Day of the Dead

SPONSORSHIP PLEDGE FORM

☐ CELEBRATION Sponsor $2,500  ☐ EL NIÑO Sponsor $1,500  ☐ TAMALE Sponsor $750

CONTACT INFORMATION

Business Name: ________________________________________________________________

Contact Name: ________________________________________________________________

Address: ______________________________________________________________________

City: __________________________ State: __________ Zip Code: _______________________

Phone Number: ______________________ Fax Number: ________________________________

Email Address: ________________________________________________________________

How would you like your name to appear in promotional materials? _________________________
______________________________________________________________________________

Signature: ____________________________ Date: ________________________________

PAYMENT INFORMATION

_____Check Enclosed (Payable to the SMSO)  _____Please Bill Me  _____Credit Card

Visa/MC/Discover#______________________________________________________________

Exp Date_________________________ C V V____________ Billing Zip____________________

Signature_____________________________________________________________________

Thank you for your support!

PLEASE RETURN TO:
Southwest Michigan Symphony Orchestra | 513 Ship Street, St. Joseph, MI 49085
P (269) 982-4030 | email: sue@smso.org