



Way Way Off-Broadway Theatre Company

Personal/Company Info

(Please check one) Mr. Mrs. Ms. Miss Dr.

First Name: _____ Last Name: _____

Phone: _____ Fax: _____ Email: _____

Please check your preferred contact method: Phone Text Message Email

Please fill out the next section if applicable:

Company/Organization: _____

Title: _____ Phone: _____ Same as above

Sponsorship, Advertising, and Donation Information (Please fill out the sections that apply)

Sponsorship

Number of Performances Sponsored: _____

Preferred Dates of Sponsorship: _____

Total Cost of Sponsorship: _____

Advertisement (Please check one)

Quarter Page Half Page Full Page

Total Cost of Advertisement: _____

For design purposes please send all logos, artwork, and mock-ups to tonysouza@waywayoffbroadway.com

For Donations, please describe the item(s) being donated and the estimated value of the item below. For monetary donations, simply fill out the amount in the Value line and complete the Payment Information below.¹

_____ Value: \$ _____

¹Donations may be tax-deductible on individual, joint, or business tax returns in the full or partial amount, based on applicable tax law. WWOB is a registered Non-profit Corporation with the State of NM, and currently holds 501(c)(3) status with the IRS. WWOB does not promise, and assumes no responsibility in guaranteeing, that donations are tax deductible.

Payment Information

Total: \$ _____

Please check the method of payment: Cash Check Cashier's Check/Money Order PayPal

Credit Card² (Additional information required below)

Credit Card #: _____ Expiration Date: _____

CVV (3-digit security code located on back of card): _____

²Credit card transactions are conducted through Square Card Reader, applicable fees may apply.