



(Audience Development Committee, Inc.)

BASIC/CONTRIBUTOR \$50.00
One-year subscription to *Intermission*, AUDELCO's newsletter.

DONOR \$100.00
Contributor Benefits & First choice of tickets to AUDELCO Night Out.

SPONSOR \$250.00
One (1) ticket to the **Annual Vivian Robinson AUDELCO Recognition Awards "The VIV"**.

PATRON \$500.00
Two (2) tickets to the **Annual Vivian Robinson Recognition Awards, "THE VIV"**

ORGANIZATION/GROUPS \$350.00
One 1 and 1/2 tickets to the **Annual Vivian Robinson AUDELCO/Awards "The VIV"**.

TORCH BEARER \$1,500.00
2 tickets to the **Annual Vivian Robinson AUDELCO Recognition Awards**, 1/2 page Journal ad in the annual publication the **OVERTURE**.

BENEFACTOR \$2,500.00
(3) tickets to the **Annual Vivian Robinson AUDELCO Recognition Awards**, full page ad in the annual publication the **OVERTURE**.

VISIONARY \$5,000.00 & UP
All **BENEFACTOR** benefits plus additional tickets (4), Your Logo will appear on **AUDELCO's** major printed materials, and a Full page Journal ad in the annual publication the **OVERTURE**.

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FRIENDS OF AUDELCO APPLICATION 2024

New Contributor

Renewal

Date: _____

Please enroll me at the level checked below for 2024 as a Friend of AUDELCO

- () \$50 Basic/Contributor
- () \$100 Donor

- () \$250 Sponsor
- () \$500 Patron

- () \$350 Organization
- () \$1,500 Torchbearer

- () \$2,500 Benefactor
- () \$5,000 & Up Visionary

Name: _____
(Please Print)

Mailing Address: _____

(Please include Apt. #)

City: _____ State/Zip: _____ NY

Home Tel.: _____ Bus. Tel.: _____

Fax #: _____ EMail: _____

Please make check or money order payable to AUDELCO

Mail This Application To:

244 5th Avenue
Suite #Q225
New York, NY 10001

Payment Record (cash) (check) (M.O.)

(for office Use only)

Date Received _____ / _____ / _____

AMC

Check website re: Pay Pal http://www.audelco.org