

You can make a
huge difference
for as little as
\$14/month!



RESTORATION PROJECT

c/o Jefferson Live
315 South Front Street
Medford, OR 97501



RESTORATION PROJECT

**SEAT SPONSORSHIP
PROGRAM**





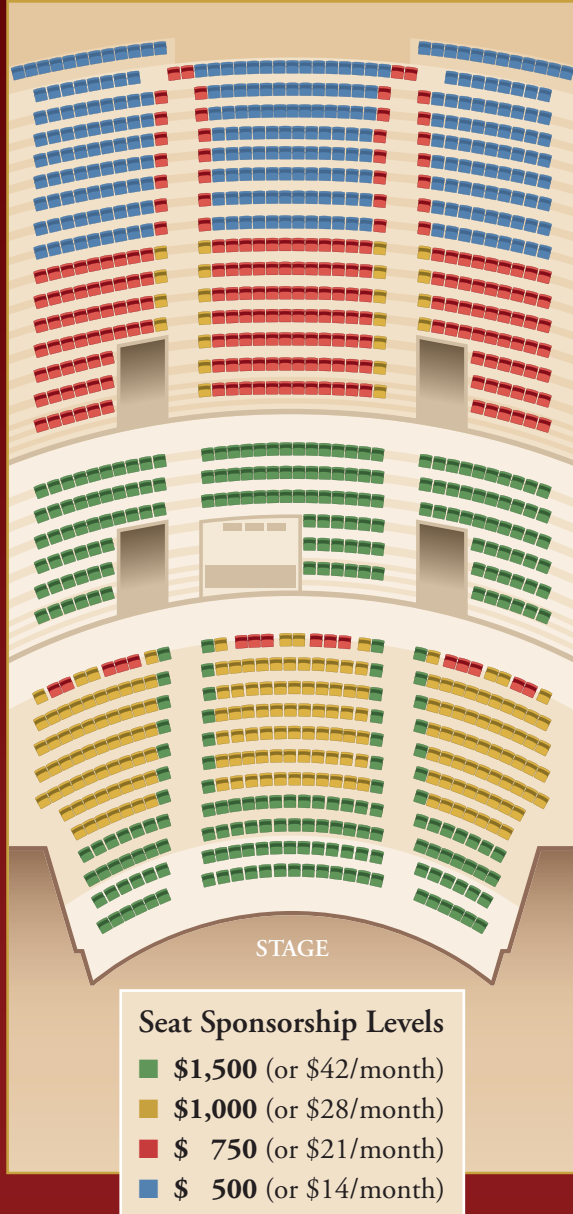
HONOR THE PAST: RELIVE CHERISHED MEMORIES INVEST IN THE FUTURE

For more than 55 years, the Holly's seats held a veritable Who's Who of the Rogue Valley—community leaders, interesting characters and maybe even you! Through the Great Depression and World War II, through the tumultuous '50s and the revolutionary '60s, the Holly remained a cornerstone of Medford life, providing entertainment and good cheer until it was shuttered in 1986.

As part of the theater's historic restoration, 1,003 luxurious new seats will be installed in the Holly's grand auditorium. From the front-and-center main floor to the exclusive loge area and the kiss-and-tell

balcony seats, your generous contribution will be recognized with an engraved brass plaque—featuring an inscription of your choice—installed on the armrest of each sponsored seat. Inscriptions can name you and your family, honor the memory of a loved one, or identify your business as a partner in the theater restoration.

For as little as \$14 per month, you can make a difference in saving the Holly Theatre—Medford's last remaining historic movie palace. All sponsorships are tax deductible to the extent allowed by law.



Seat Sponsorship Levels

- **\$1,500** (or \$42/month)
- **\$1,000** (or \$28/month)
- **\$ 750** (or \$21/month)
- **\$ 500** (or \$14/month)

DOUBLE FEATURE:

Share a plaque with someone.
There are two lines on each plaque.

BLOCK PARTY:

Sponsor 10 or more seats at \$1,000 or above and
you will be entitled to private use of the theater
for an evening (restrictions apply)

NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE

EMAIL

Seat Sponsorship

NUMBER OF SEATS

☐ Loge (\$1,500)
(or \$42/month)

☐ Orchestra (\$1,000)
(or \$28/month)

☐ Mezzanine (\$750)
(or \$21/month)

☐ Balcony (\$500)
(or \$14/month)

Payment Information

☐ Check ☐ Visa ☐ Mastercard

CARD NUMBER

EXP. DATE

CCV

NAME ON CARD

I wish to make payments (check one):

☐ One-time ☐ Monthly ☐ Quarterly ☐ Annually

Please indicate how you'd like us to recognize
your gift (check one)

☐ Your name(s) ☐ In memory of
☐ Company name ☐ In honor of

NAME(S)

We will contact you to make seat selection(s) and
compose exact inscription(s).

Inscriptions can be up to two lines of 30 characters each.

Send completed form to:
Restoration Project c/o Jefferson Live
315 South Front Street
Medford, OR 97501