



OPERACOLUMBUS.ORG

DRINK
MUSIC
FOOD
STYLE

FRIDAY
APRIL 2, 2027

IDEA FOUNDRY

421 W STATE ST, COLUMBUS, OH 43215



Opera Columbus

As a sponsor, you will receive:

- + Recognition on all event materials, including Gala invitation and program.
- + Event reservations for you and your guests (*based on sponsorship level*), which include reception, dinner, AfterParty access, and valet parking.



SCAN FOR MORE INFORMATION
OR CONTACT COLIN BORCK AT
RSVP@OPERACOLUMBUS.ORG

PLATINUM SPONSOR **SOLD OUT**

- + Dedicated concierge throughout the event
- + Table of 10 with premium seating
- + One couple recognized on event materials*
- + Company logo recognition*

DIAMOND COCKTAIL SPONSOR **\$12,000**

- + Exclusive sponsor of the Cocktail Reception or Afterparty
- + Table of 10 with premium seating
- + One couple recognized on event materials*
- + Company logo recognition*

OPAL SPONSOR **\$8,000**

- + Table of 8 with priority seating
- + One couple recognized on event materials*
- + Company logo recognition*

PEARL SPONSOR **\$4,000**

- + Seating for 4 with preferred seating
- + One couple recognized on event materials*
- + Company name recognition*

QUARTZ INDIVIDUAL SPONSOR **\$1,000**

- + Reserved seating at dinner
- + Name recognition on event materials*

ARTIST SEATING ADD-ON OPTION **\$500**

- + Sponsor an Opera Columbus artist to attend the event and join your table

**Deadline for inclusion on invitation is January 29, 2027*

Opera Columbus is a 501(c)(3) non-profit organization and a portion of your sponsorship may be considered a charitable contribution. Please consult your financial advisor for guidance.

PLEASE RESERVE

- ☐ Diamond Sponsor **\$12,000**
for ten (10) guests
- ☐ Opal Sponsor **\$8,000**
for eight (8) guests
- ☐ Pearl Sponsor **\$4,000**
for four (4) guests
- ☐ Quartz Individual Sponsor _____ x\$1,000 ea.
Total: _____
- ☐ Artist Seating Add-On _____ x\$500 ea.
Total: _____
- ☐ I/we cannot attend the Opera Columbus
Gala, but wish to support with gift of
\$ _____

Company: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name(s) for VIP Listing: _____

PAYMENT

☐ Please charge my: VISA MC DISC AMEX

Name as it appears on the card: _____

Credit Card #: _____ EXP: _____ CVV: _____

☐ Payment to follow/please invoice
Please sign to verify pledge: _____

☐ My check is enclosed, payable to Opera Columbus.

Please return this form to Julie Weeks at jweeks@capa.com or mail to: Opera Columbus, 55 East State Street, Columbus, OH 43215