

The second annual San Jose J-Town FilmFest will be presented on May 20 – May 22, 2016 in historic San Jose Japantown. With gratitude to the past support of the community, we are able to continue to present films that celebrate this vibrant multi-ethnic community. Please join us by becoming a sponsor in one of the categories below. Your participation will inform the public of your commitment to this exciting endeavor and your partnership will ensure another successful film festival.

In appreciation,

Executive Producers: Contemporary Asian Theater Scene (CATS), J-Town Community TV, Japanese American Museum of San Jose, Multicultural Arts Leadership Institute.

**SPONSORSHIP LEVELS**

	Listed in Printed Program as	Name on Websites	Announced at Selected Film(s)	Complimentary Tickets to Selected Film(s)	Name in Social Media	Materials on Info Table	Opportunity to Speak at film 1 min
<input type="checkbox"/> \$1,000	Producer	✓	✓	12	✓	✓	✓
<input type="checkbox"/> \$500	Director	✓	✓	8	✓	✓	
<input type="checkbox"/> \$200	Presenter	✓	✓	4	✓		
<input type="checkbox"/> \$100	Community	✓	✓	2	✓		
<input type="checkbox"/> \$100	Film Fan	✓	✓	10			

**DONATIONS** If you would like to make a general donation in any amount to support the gathering (rather than becoming a sponsor or registering to attend), please complete the Sponsor/Donor information above and indicate the amount of your donation: \$ \_\_\_\_\_.

- Please make check payable to our fiscal sponsor (spell out):**  

**"CONTEMPORARY ASIAN THEATER SCENE"**

*CATS is a 501(c)(3) non-profit organization.*
- Write the word "FilmFest" in the memo field and include your phone number.**
- Fill out the sponsor/donor information at the bottom of this form.**
- Sponsors: Check the box for the appropriate sponsor level.**  
**Donors: Indicate the amount of your general donation.**
- Mail or drop off check and this sponsor/donor form to:**  

**J-TOWN FILM FEST, 565 N. Fifth Street, San Jose, CA 95112**

**SPONSOR/DONOR INFORMATION**

NAME OF INDIVIDUAL/ORGANIZATION: \_\_\_\_\_

If an organization, name of authorized representative: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_