



43rd Annual MLK Day Parade & Family Festival Sponsorship

Sponsor Name: _____

Contact Name: _____ Title: _____

Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Office: _____ Fax: _____ Cell: _____ Email: _____

Please select your desired Sponsorship Level*:

- \$50,000 LEGACY Title Sponsor** (1 available)
- \$25,000 LEADER Sponsor** (2 available)
- \$10,000 TRAILBLAZER Sponsor** (2 available)
- \$ 5,000 ACTIVIST Sponsor** (4 available)
- \$ 2,500 MESSENGER Sponsor** (4 available)
- \$ 1,000 DREAMER Sponsor** (unlimited number available)
- In-Kind/Trade Donations:**

Specify Goods and/or Services: _____

Market Value**: \$ _____

* Limited quantity Sponsorships are allocated by date of registration receipt.
** Deductible according to IRS Guidelines
Sponsorship payments are non-refundable.

Make check payable to:

**Dr. Martin Luther King Jr. Parade & Festivities Committee of Miami, Inc.
12864 Biscayne Blvd. #436
North Miami, FL 33181**

FOR OFFICE USE ONLY:		
Date Received: _____	Amount \$ _____	Check/Credit Approval #: _____

Return this completed participation form with an organization résumé by January 15, 2020 to:

**MLK Office (open 11/1/19):
Haynes Security Services:
7900 NW 27th Ave. #E-239,
Miami, FL 33147**

Information Contact:
Ladi Jenkins (305) 606-2995

Dr. Martin Luther King Jr. Parade & Festivities Committee, Inc.