



44th Annual MLK Holiday Events 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*:

- checkbox \$50,000 LEGACY Title Sponsor (1 available)
checkbox \$25,000 LEADER Sponsor (2 available)
checkbox \$10,000 TRAILBLAZER Sponsor (2 available)
checkbox \$ 5,000 ACTIVIST Sponsor (4 available)
checkbox \$ 2,500 MESSENGER Sponsor (4 available)
checkbox \$ 1,000 DREAMER Sponsor (unlimited number available)

checkbox 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.

Return this completed participation form with an organization résumé by January 4, 2021:
In Person: MLK Office (open 11/1/20): Haynes Security Services: 7900 NW 27th Ave. #E-239A, Miami, FL 33147
By Mail: Dr. Martin Luther King Jr. Parade & Festivities Committee 12864 Biscayne Blvd. #436 North Miami, FL 33181
Information Contact: Ladi Jenkins (305) 606-2995

Make check payable to:

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

FOR OFFICE USE ONLY:

Date Received: _____ Amount \$ _____ Check/Credit Approval #: _____

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