



**May 13, 2017 at the InterContinental Hotel in Miami
Confirmation Form**

We will be a Sponsor in the category marked below:

- Premier Presenting Sponsor **\$20,000**
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- Pink Ribbon Sponsor **\$500**
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- In-Kind Sponsor (Please describe the contribution below)

Donation \$ _____ (Any amount is appreciated)

We would like an exhibit table **\$1500**

OTHER OPPORTUNITIES FOR SUPPORT:

We would like to reserve a Group Table (Indicate number of tables)

____ Group Table(s): **\$650**

Please send an invoice for the amount marked. **Please call us for more information.**

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1. For **Marketing Brochure** inclusion – confirmation, logo & 50% deposit **must** be received by December 10, 2016. Brochure to be distributed and mailed in January, 2017.
2. For **Event Program** inclusion – confirmation, logo, ad & full payment **must** be received by March 1, 2017. Spec sheet for ads to be provided.

Contact Name _____
Organization _____
Street Address _____
City, State, Zip _____
E-Mail Address _____ **Website** _____
Phone Number _____ **Date** _____

Thank you for your support! Sponsorships are tax-deductible and non-refundable after April 15, 2017.
Please make check out to **Day of Caring** and mail to address below.

For more information: call Grace Wang, MD at 305-753-6094 or email: grace@gracewang.net
Mail sponsorship checks to: Vivien Baltodano, Attn: Day of Caring, 11700 SW 67 Ct, Miami, FL 33156