



May 4, 2019 • DoubleTree Hotel Miami Airport & Convention Center • 711 NW 72 Ave., Miami, FL 33126

Confirmation Form



We will be a Sponsor in the category marked below:

- Premier Presenting Sponsor \$20,000
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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 before March 15, 2019 \$700 afterwards

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

NOTES

- 1. For Marketing Brochure inclusion – confirmation, logo & 50% deposit must be received by December 1, 2018. Brochure to be distributed and mailed in January, 2019.
2. For Event Program inclusion – confirmation, logo, ad & full payment must be received by March 15, 2019. Spec sheet for ads to be provided.

Contact Name _____
Organization _____
Street Address _____
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Thank you for your support! Sponsorships are tax-deductible and non-refundable after March 15, 2019. Please make check out to Day of Caring and mail to address below.: Attn: Vivien Baltodano, 6619 South Dixie Highway #218, Miami, FL 33143

For more information: call Grace Wang, M.D. at 305-753-6094 or email: grace@gracewang.net
Mail sponsorship checks to: Day of Caring, Attn: Vivien Baltodano, 6619 So.Dixie Hwy, #218, Miami, FL 33143