



Yes, I am committed to being a sponsor for Parent to Parent of Miami's Journey of Dreams Benefit!

**\$10,000 Platinum Angel Sponsor**

Two tables with priority seating for twenty (20) guests  
Logo showcased on print materials and event signage  
Full page color premium ad in program book  
Logo recognition on the Parent to Parent of Miami web site and e-Newsletter

**\$5,000 Gold Angel Sponsor**

One table with priority seating for ten (10) guests  
Logo showcased on print materials and event signage  
Full page color ad in program book

**\$2,500 Silver Angel Sponsor**

One table with seating for ten (10) guests  
Name recognition at the event on event signage  
Half page ad in program book

**\$1,000 Bronze Angel Sponsor**

Seating for four (4) guests  
Name recognition at the event on event signage  
Quarter page ad in program book

**\$1,500 Encourage the Heart Sponsor**

Seating for ten (10) guests  
Name recognition at the event on event signage

**Donation**

**Individual Ticket \$150**

**In order for your donation to be included in the program, please complete this form and fax to 305-271-6628 as soon as possible (all credit card information will be shredded as soon as your payment is processed). **Program printing deadline is October 5th, 2010.****

**METHOD OF PAYMENT**

**Contact Information:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Credit Card:**

\_\_\_ Amex \_\_\_ MasterCard \_\_\_ Visa

Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Make Check Payable to:** Parent to Parent of Miami, Inc., 7990 S.W. 117th Ave., Suite 200, Miami, Florida 33183. Phone: 305-271-9797 Ext. 223, E-mail: [journeyofdreams@ptopmiami.org](mailto:journeyofdreams@ptopmiami.org).

For more information please visit [www.ptopmiami.org/journeyofdreams](http://www.ptopmiami.org/journeyofdreams)