

Sponsorship Commitment Form

For your convenience, this form may be filled out electronically. Please email completed and signed form to info@mlk-chf.org.

SPONSOR INFORMATION

DATE _____

CONTACT PERSON _____ TITLE _____

COMPANY/ORGANIZATION _____

RECOGNITION NAME AS IT SHOULD BE LISTED IN PUBLICATIONS: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

SPONSORSHIP LEVEL

- Presenting Sponsor.....\$100,000
- Platinum Sponsor.....\$50,000
- Gold Sponsor.....\$25,000
- Silver Sponsor.....\$15,000
- Bronze Sponsor.....\$7,500

PAYMENT INFORMATION

- Invoice me
- Check enclosed (payable to MLK Community Health Foundation)
- Credit card (please do not email credit card information)

CREDIT CARD NO. _____ EXP DATE _____

NAME ON CARD _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

SAME AS MAILING ADDRESS SIGNATURE _____

Complete, sign & mail form to:

MLK Community Health Foundation
1680 E. 120th Street
Los Angeles, CA 90059

Or email to info@mlk-chf.org



MLK Community
Healthcare