



Harvey Milk Diversity Breakfast

Wednesday, May 15, 2019

Registration 8:30-9:30am. Program 9:30-11:00am

Palm Springs Convention Center, 277 N. Avenida Caballeros

(o) 760-416-8711 | (fax) 760-444-3270 | www.pspride.org

Sponsorship / Tickets By Mail 2019

Checks only.

No services fees on orders by mail.

I'd like to support LGBT youth in the community by securing the following:

- \$65 General Admission Breakfast Seating.** Enter number of tickets _____ ENTER TOTAL ENCLOSED x \$65 = \$ _____
- \$56 Send A Student.** Enter number of tickets _____ x \$56 = \$ _____ *100% Charitable contribution*
- \$560 Student Team Sponsor.** Enter Qty ____ x \$560 = \$ _____ *100% Charitable contribution*
(Ten Coachella Valley high school students will be hosted at the breakfast and your name or company name will be listed in the printed program and online as a Student Team Sponsor.)
- \$650 Table Sponsor.** Enter Qty ____ x \$650 = \$ _____
(includes table & breakfast for ten and Table Sponsor listing in printed program)
- \$1,000 Bronze Sponsor.** Enter Qty ____ x \$1,000 = \$ _____
(includes table & breakfast for ten, Bronze Sponsor listing in printed program and name on table sign).
- *\$2,500 Silver Sponsor.**
- *\$5,000 Gold Sponsor.**
- *\$10,000 Platinum Sponsor.**
- Other Sponsor Level & amount from page 3** ENTER ITEM & AMOUNT HERE _____

Proceeds benefit Coachella Valley youth through Gay-Straight Alliance clubs and LGBT youth related programs.

*(Silver, Gold and Platinum sponsorship includes priority table placement & breakfast for ten, sponsor level listing, proportional logo in printed program, recognition on table sign) *Please email a hi-res color jpg logo to Milk@pspride.org*

My check in the amount of \$ _____ payable to Palm Springs Pride is enclosed. Please secure the _____ sponsorship package in the name listed below.

Tickets are not issued for this event. Guest Names will be listed at the Registration Table as you provide below.

PRINT NAME

COMPANY NAME FOR TABLES AND SPONSORS

ADDRESS

CITY, STATE, ZIP

TELEPHONE

EMAIL *(required for charitable contribution confirmation)*

Guest Names:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

Make Check payable and mail to : Palm Springs Pride
329 W. Mariscal Rd
Palm Springs, CA 92262

Payment may only be made via mail to the address above.

Please email guest names to ron@pspride.org or attach a complete list of names with your order.