

Sponsor Response Form

39th Annual Dr. Martin Luther King Community Appreciation Awards Banquet
"A Call to Action Continuing the Legacy and Impact of Dr. Martin Luther King"
Palm Sunday, March 24, 2024, from 3:00pm to 7:00pm (in-person event)

Company/Organization _____ Date _____

Name _____ Title _____

Address _____

City/State/Zip _____

Email _____

Yes, I would like to support the Caribbean Foundation of Boston, Inc. with the purchase of:

Tickets Only:	Quantity	Cost	Total
General Admission	_____	\$70.00	\$_____
Table of 8	_____	\$560.00	\$_____

ADS:	Quantity	Cost	Total
Full Page (8.5" x 5.5")	_____	\$200.00	_____
Half Page (4.25" x 5.5")	_____	\$80.00	_____
Business Card (4.25" x 2.75")	_____	\$45.00	_____
Patron (names only)	_____	\$35.00	_____

Donation:

I regret that I am unable to attend the event but would like to support the Caribbean Foundation of Boston, Inc. with a donation.

Community, Friend, or Family	Cost	Total
_____	\$25.00	_____
_____	\$50.00	_____
_____	\$75.00	_____
_____	\$100.00	_____
_____	\$150.00	_____

Enclosed is a check/money order for all contributions listed above \$_____.

Please make checks payable to the **Caribbean Foundation of Boston, Inc.** Further information, please contact our office at 617-445-1228, or fax: 617-427-6355, 317 Blue Hill Avenue, Dorchester MA, 02121. Our event email: CFOBMLKBanquetEvent@gmail.com, www.caribbeanfoundation.net.

NO TICKETS TO BE PURCHASED ON THE DAY OF THE EVENT