

SPONSORSHIP FORM

St. James Feast Concert

July 25, 2027

Please select a sponsorship level. Checks may be made payable to **St. James Catholic Church** and returned with this form to the parish office.

1 SPONSOR INFORMATION

ORGANIZATION / SPONSOR NAME

CONTACT PERSON

PHONE

EMAIL

MAILING ADDRESS

2 SPONSORSHIP LEVEL

- ☐ **Platinum \$5,000** Advertisement · 15 tickets · 5 bottles · dinner for 15
- ☐ **Gold \$3,000** Advertisement · 10 tickets · 3 bottles · dinner for 10
- ☐ **Silver \$1,500** Advertisement · 6 tickets · 3 bottles

3 CONTRIBUTION DETAILS

AMOUNT OR ESTIMATED VALUE

PREFERRED RECOGNITION NAME

\$

NOTES / PROPOSED IN-KIND SUPPORT

Sponsorship recognition and benefit fulfillment are coordinated with the parish. Please submit sponsor information promptly so materials can be prepared.

4 AUTHORIZATION

AUTHORIZED SIGNATURE

DATE

PRINTED NAME / TITLE

FOR PARISH OFFICE USE

Date received

Amount received

Check / ref. #

Processed by

Return this form to the St. James Parish Office

The parish will confirm availability, benefits, payment details, and next steps.

540 NW 132nd Street, North Miami, FL 33168

(305) 681-7428 · parishoffice@stjamesnorthmiami.org

Doers of the Word, Living for the Lord.