SPONSORSHIP OPPORTUNITY APPLICATION

Monthly Newsletter - Autism Society of Miami Dade

Thank you for your interest in supporting the Autism Society of Miami Dade through our monthly newsletter.
Sponsorship opportunities allow businesses and organizations to show a presence in our publication while supporting our mission.

1 SECTION 1 - SPONSOR INFORMATION

Business / Organization Name:

Contact Person: **Title:**

Mailing Address:

City: **State:** **Zip:**

Phone: **Email:**

Website:

Social Media Handle(s):

2 SECTION 2 - SPONSORSHIP PACKAGE SELECTION

Package	Monthly Price	Sponsor Receives
☐ **Community Supporter**	$75/month	Business name, logo, and website link in supporter section
☐ **Standard Vendor Listing**	$150/month	Small ad/logo, 50-word description, clickable link
☐ **Featured Vendor Spotlight**	$250/month	Larger ad placement, 100-word description, link, and "Featured Resource" label
☐ **Premium Newsletter Sponsor**	$400/month	Top or mid-newsletter placement, logo, short message, link, and one social media mention
☐ **Exclusive Presenting Sponsor**	$600/month	"This month's newsletter presented by..." top placement, larger ad, link, social media mention, and website supporter listing

3 SECTION 3 - COMMITMENT TERM

☐ 1 Month

☐ 3 Months - 10% discount

☐ 6 Months - 15% discount

☐ 12 Months - 20% discount or one bonus social media post

Start Month / Year:

Total Sponsorship Amount:

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4 SECTION 4 - SPONSOR ACKNOWLEDGMENT CONTENT

- ☐ I will provide business logo
- ☐ I will provide sponsor name only
- ☐ I will provide product line / business category
- ☐ I will provide website link
- ☐ I will provide social media link

Sponsor Name as it should appear:

Short Description / Message:

Website URL:

Social Media Link:

Notes / Special Instructions:

Nonprofit Sponsorship Acknowledgment & Application Approval Disclaimer:

Sponsorship acknowledgments may include the sponsor's name, logo, or product line in connection with this nonprofit opportunity.
All applications are subject to approval by the Autism Society of Miami Dade at its sole discretion.
Autism Society of Miami Dade is dedicated to providing verified, reliable, and ethical resources.

5 SECTION 5 - SUBMISSION CHECKLIST

- ☐ Logo attached
- ☐ Short business description attached
- ☐ Website link provided
- ☐ Social media handles provided
- ☐ Contact information completed

6 SECTION 6 - PAYMENT INFORMATION

☐ Check ☐ Zelle ☐ Credit Card ☐ Other

Other Description:

Amount Enclosed / Authorized:

Date Submitted:

Click here for payment

7 SECTION 7 - AGREEMENT

By signing below, the undersigned agrees to participate as a sponsor for the Autism Society of Miami Dade monthly newsletter. Sponsorship acknowledgments may include the sponsor's name, logo, or product line in connection with this nonprofit opportunity. The sponsor confirms that all submitted information is accurate and grants permission for use in the newsletter and related sponsor acknowledgments.

Authorized Signature | **Printed Name** | **Date**