

**JUNETEENTH CELEBRATION OF
BLACK ACHIEVERS
CORPORATE SPONSORSHIP
RESPONSE FORM**



Corporation's Name: _____

Contact Person: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Address: _____ State/Zip: _____

PLEASE CHECK DESIRED PARTICIPATION SPONSORSHIP LEVEL

- ☐ Gold Liberation Sponsor | \$50,000
☐ Silver Emancipation Sponsor | \$25,000
☐ Jubilee Sponsor | \$10,000
☐ Rising Star Scholarship Award \$5,000
Name of Memorial Scholarship:

Please use the respective form for other sponsorship opportunities.

- ☐ Enclosed check payable to African-American Ladies Legacy Foundation
☐ Enclosed check payable to African-American Ladies Legacy Foundation
☐ Credit Card

Credit Card Number: _____

CCV: _____ Expiration Date: _____ Amount: _____

Signature: _____ Date: _____

Thank you for lending your support to the Illinois Black Hall of Fame Juneteenth Celebration. Donations may be mailed to the address listed below: Questions or inquiries may be directed to Dr. Ceola Davis Barnes at ibhof2020@gmail.com or (708) 212-0393.

African-American Ladies' Legacy Foundation
430 East 162nd Street, Suite #737, South Holland, Illinois 60473
www.ibhof.org