Sponsorship Order Form



Diocese of Miami and the Southeast Parish Life Conference June 12-15, 2024 Hosted By: St. Stephen Church 130 Holy Cross Path, Hiram, Georgia 30141 (908) 370-8632 miamiplc@antiochianevents.com

www.miamiplc.org

Following the tradition of the past Diocese of Miami and the Southeast Parish Life Conferences, we are soliciting Sponsorships to underwrite the cost of events and fixed expenses, while providing a means to make this 2024 Diocese of Miami and the Southeast Parish Life Conference a success. All sponsors will be recognized for their support throughout the Parish Life Conference.

Sponsorship Deadline: June 1, 2024				
CATEGORY NAME	INCLUDED IN SPONSORSHIP	DONATION (USD)		
Bronze Level	One (1) Standard Package	\$500.00		
Silver Level	Two (2) Standard Packages	\$1000.00		
Gold Level	Three (3) Standard Packages	\$1500.00		

Provide the exact text of your Sponsorship Message Include how you want your name(s) to read.

Name:	
Zip Code/Postal Code:	Telephone:
E-mail:	
Diocese:	
Parish Name:	
Parish City:	Parish State/Province:

Payment Form



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Please complete the information and mail or e-mail completed form to the information above. To process all transactions, the billing address must match the credit/debit card or checking account statement. If the address is the same please check box under the appropriate section, if not provide billing address below.

Purchase Item (s) Check all item(s) that is for this payment:				
☐ Event Registration ☐ Souvenir Journal ☐ Sponsorship/Donation ☐ Vendor				
Payment Options (Check one):				
○ Credit/Debit Card ○ Check (E-Check) ○ Cash/Money Order				
Credit/Debit Card Information to be completed for all Credit/Debit Card Payments				
 Credit/Debit Card billing address is same as previous page, if different billing address, please include billing address below 				
Credit/Debit Card No:				
CVV2: Exp. Date:				
Check (E-Check) Information to be completed for all Check Payments U. S. Accounts Only!				
 Checking Account billing address is same as previous page, if different billing address please include billing address below 				
Bank Account Type O Checking O Business Checking				
Name on Checking Account:				
As its appears on check				
Bank Routing (ABA) Number:				
9 Digit Bank Code (see Sample on right side)				
Bank Account Number: 6-15 degit account number (see sample in eight side)				

All forms must be completed and include full payment in order to be accepted and processed

Please Include Credit/Debit or Checking Account Statement Billing address if

different than provided first page Name:_____ Billing Address: City, State, Zip Code: I acknowledge and understand that all purchases and/or donations are nonrefundable as set forth in the Privacy Statement at www.antiochianevents.org/ miami/terms-of-use; and hereby authorize the Antiochian Archdiocese, Diocese of Miami and the Southeast Parish Life Conference, to charge the credit/debit card or bank account as set forth on this form for all purchases and/or donations. When paying by check, only checks drawn from U. S. Banks will be accepted (for all other payments, please use credit/debit card). All checks will be processed electronically (via E-Check/ACH). Please do not mail a check with form. All checks/credit card charges will appear on your statement as Antiochian Archdiocese. Amount: \$ (USD) Signature Signature required for all forms; Unsigned forms will not be processed!

Sample Credit/Debit Card



Sample Check

	2400
	\$
	DOLLARS
6724301068**	2400#
	6.7.2.L.3.0.1.0.E.8.#*