



Harvey Milk
Diversity Breakfast
 Thursday, May 14, 2026

Coffee Welcome 8:30-9:00am Program 9:00-10:30am
 Palm Springs Convention Center, 277 N. Avenida Caballeros
 (o) 760-416-8711 | (fax) 760-444-3270 | www.pspride.org

Sponsorship / Tickets

By Mail 2026

Checks **or Zelle** only.
 No services fees on orders by mail.

I'd like to honor the memory of Harvey Milk by securing the following:

- \$ 95 **General Admission** Breakfast Seating. Enter number of Tickets _____ x \$95 = \$ _____ ENTER TOTAL ENCLOSED
- \$95 **Send A Student**. Enter number of Tickets _____ x \$95 = \$ _____ 100% Charitable contribution
- \$750 **Student Team Sponsor**. Enter Qty ____ x \$750 = \$ _____ 100% Charitable contribution
 (Eight Coachella Valley high school students will be hosted at the breakfast and your name or company name will be listed in the printed program and Online as a Student Team Sponsor.)
- \$750 **Table Sponsor**. Enter Qty ____ x \$750 = \$ _____
 (includes table & breakfast for eight and Table Sponsor listing in printed program)
- \$1,000 **Bronze Sponsor**. Enter Qty ____ x \$1,000 = \$ _____
 (includes table & breakfast for eight, Bronze Sponsor listing in printed program and name on table sign.)
- *\$2,500 **Silver Sponsor**. * \$5,000 **Gold Sponsor** *\$10,000 **Platinum Sponsor**.
- *\$15,000 **Coffee Welcome**
- *\$25,000 **Presenting Sponsor**

Proceeds benefit Coachella Valley LGBTQ youth related programs.

Other Sponsor Level & amount from deck _____ ENTER ITEM & AMOUNT HERE
 *(Silver and above sponsorship includes priority table placement & breakfast for eight, sponsor level listing, proportional logo in printed program, recognition on table sign.) Please email a hi-res color jpg logo to Milk@pspride.org

My check in the amount of \$ _____ payable to **Palm Springs Pride** is enclosed.
 I'm sending payment to Palm Springs Pride by ZELLE - PSpride

Return this form to MILK@pspride.org.

Tickets are not issued for this event. Guest Names will be listed at the Registration Table as you provide below.

 PRINT NAME

 ADDRESS

 CITY, STATE, ZIP

 TELEPHONE

 EMAIL (required for charitable contribution **and Zelle payment** confirmation)

 COMPANY / ORGANIZATION NAME FOR TABLES & SPONSORS

Guest Names:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

Please email guest names to Milk@pspride.org or attach a complete list of names with your order.

Make Check payable and mail to: Palm Springs Pride
 329 W. Mariscal Rd
 Palm Springs, CA 92262

Send Payment via Zelle: PSpride

Scan in your banking app to pay

A 501(c)(3) organization | Tax ID # 330745940