



SIXTH ANNUAL CULINARY EVENT & AUCTION

Running Hare Vineyard, Prince Frederick, MD

Friday, May 10, 2019 6:30 – 10:30 pm

SPONSORSHIP OPPORTUNITIES

Contact Name _____ Title _____

Company Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Sponsorship Levels:

Culinary Sponsor - \$5,000 Ten tickets to pre-event VIP reception; table for 10 and 5 VIP parking passes. Listing on Sponsor Board & in event program; logo & mention in print & social media; logo & mention in Calvert Hospice eNewsletter; your logo on our website for one year.

Band Sponsor - \$3,000 Eight tickets to pre-event VIP reception; table for 8 and 4 VIP parking passes. Listing on Sponsor Board & in event program; logo & mention in print & social media; logo & mention in Calvert Hospice eNewsletter.

Wine Sponsor - \$2,000 Six tickets to pre-event VIP reception; seating for 6 and 3 VIP parking passes. Listing on Sponsor Board & in event program; logo & mention in print & social media; logo in Calvert Hospice eNewsletter.

Cocktail Hour Sponsor - \$1,500 Seating for 4 guests & 2 VIP parking passes. Listing on Sponsor Board & in event program; logo & mention in print & social media; logo & mention in Calvert Hospice eNewsletter.

Dessert Table Sponsor - \$1,000 Seating for 2 guests & 1 VIP parking pass. Listing on Sponsor Board & in event program; logo & mention in print & social media; mention in Calvert Hospice eNewsletter.

Shuttle Sponsor - \$500 Seating for 2 guests. Listing on Sponsor Board & in event program; logo & mention in print & social media; mention in Calvert Hospice eNewsletter.

I am unable to sponsor at this time, but I wish to purchase _____ ticket(s) @ \$135 each.

I would like to reserve a table of ten for \$1,500.

I am unable to attend, but would like to make a donation to Calvert Hospice in the amount of \$_____.

Please find my check # _____ payable to Calvert Hospice in the amount of \$_____.

Please charge my credit card: _____MC _____Visa _____Amex _____Discover

CC # _____ Exp date _____ 3 or 4 digit security code _____

Name on Card _____

Billing Address _____

Please send completed form to: Calvert Hospice PO Box 838 Prince Frederick, MD 20678
or email to cpiason@calverthospice.org before **April 30th** to be included in event materials.

Thank you for your support and we look forward to seeing you there!