



# Sponsorship Opportunities

THURSDAY | SEPTEMBER 18, 2025  
KENT ISLAND RESORT FARMSTEAD

*Doors open at 11:00am*

## Sponsorship Opportunities

### GOLD SPONSOR

\$3,000

- 6 tickets to the event
- Logo included on all pre- and post-event publicity, social media, website, etc.
- Logo included on event sponsor sign and event program
- Sponsorship plaque presentation at event

### SILVER SPONSOR

\$1,000

- 2 tickets to the event
- Logo included on all pre- and post-event publicity, social media, website, etc.
- Logo included on event sponsor sign and event program
- Sponsorship recognition at event

### BRONZE SPONSOR

\$500

- 1 ticket to the event
- Logo included on all pre- and post-event publicity, social media, website, etc.
- Logo included on event sponsor sign and event program
- Sponsorship recognition at event

FOR ADDITIONAL INFORMATION, PLEASE CONTACT

Victoria Corcoran | [vcorcoran@compassregionalhospice.org](mailto:vcorcoran@compassregionalhospice.org) or 443-262-4106





# Sponsorship Opportunities

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## Sponsor & Registration

### CONTACT INFORMATION

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

### SPONSORSHIP LEVELS

☐ Gold Sponsor \$3,000    ☐ Silver Sponsor \$1,000    ☐ Bronze Sponsor \$500

### ADDITIONAL SUPPORT

☐ I am unable to attend, but wish to contribute: \$ \_\_\_\_\_

☐ I would like to contribute a silent auction item: \_\_\_\_\_

### PAYMENT INFORMATION

☐ Check made payable to Compass is enclosed

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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Thursday, September 18, 2025

KENT ISLAND RESORT FARMSTEAD

Tables seat 8-10 guests. To purchase a full table, please reserve accordingly

DOORS OPEN AT 11:00AM

# Donation Form

## CONTACT INFORMATION

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

## SILENT AUCTION DONATION

Item Description \_\_\_\_\_

Special Conditions \_\_\_\_\_

Estimated Value \_\_\_\_\_

## ADDITIONAL SUPPORT

☐ I am unable to attend, but wish to contribute: \$ \_\_\_\_\_

☐ I would like to purchase a ticket(s) to the event: \$75/ticket \_\_\_\_\_

## PAYMENT INFORMATION

☐ Check made payable to Compass is enclosed

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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