



•<CAMP NEW DAWN>•
A HEALING RETREAT
FUNDRAISER
TO BENEFIT CHILDREN & TEEN
GRIEF SUPPORT SERVICES
THROUGHOUT QUEEN ANNE'S,
CAROLINE, & KENT COUNTIES.



THURSDAY, JUNE 26TH

AMERICAN LEGION
STEVENSVILLE, MD

5:00 - 8:00 PM

Sponsorship Opportunities

**DIAMOND
SPONSOR** \$4,000

- 8 Event tickets at reserved table with specialty seating
- Logo included on all publicity, social media, website, etc.
- Logo included on event sponsor sign and event program
- Sponsorship plaque presentation at event

**PLATINUM
SPONSOR** \$2,000

- 6 Event tickets
- Logo included on all publicity, social media, website, etc.
- Logo included on event sponsor sign and event program
- Prominent sponsor recognition at event

**GOLD
SPONSOR** \$1,000

- 4 Event tickets
- Logo included on all publicity, social media, website, etc.
- Logo included on event sponsor sign and event program
- Sponsorship recognition at event

**SILVER
SPONSOR** \$500

- 2 Event tickets
- Name included on all publicity, social media, website, etc.
- Name included on event sponsor sign and event program
- Sponsorship recognition at event

**BRONZE
SPONSOR** \$250

- 1 Event ticket
- Name included on all publicity, social media, website, etc.

FOR ADDITIONAL INFORMATION, PLEASE CONTACT

RHONDA KNOTTS AT
RKNOTTS@COMPASSREGIONALHOSPICE.ORG
OR 443-262-4109

SCAN
FOR
INFO



compassregionalhospice.org



COMPASS
◀CAMP NEW DAWN▶
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Camp New Dawn Fundraiser Sponsor and Registration Form

CONTACT INFORMATION

Contact Name: _____

Organization: _____

Mailing Address: _____

E-Mail: _____ Telephone: _____

SPONSORSHIP LEVELS

- ☐ Diamond Sponsor \$4,000 ☐ Platinum Sponsor \$2,000 ☐ Gold Sponsor \$1,000
☐ Silver Sponsor \$500 ☐ Bronze Sponsor \$250

ADDITIONAL SUPPORT

- ☐ I am unable to attend, but wish to contribute: \$ _____
☐ I would like to contribute a silent auction item: _____

EVENT TICKETS

- ☐ I would like _____ tickets for the fundraiser.

PAYMENT INFORMATION

- ☐ Check made payable to Compass is enclosed

Name on Card: _____ \$ _____

Card Number: _____

Exp Date: _____ Security Code: _____ Amount to be charged: _____

Authorized Signature: _____

Online Registration available: <https://compassregionalhospice.org/CND2024/>