



CAMP NEW DAWN FUNDRAISER

THURSDAY ~ JUNE 18TH
QUEEN ANNE'S COUNTY 4H PARK
5-8 PM

ENJOY DINNER ~ KONA ICE ~ CASH BAR
SILENT AUCTION ~ LUCKY DRAW ~ LIVE MUSIC

*To benefit children and teen grief support services throughout
Queen Anne's, Caroline and Kent counties.*

Sponsorship Opportunities

compassregionalhospice.org/cndf-2026

**DIAMOND
SPONSOR** \$4,000

- 8 Event tickets at reserved table
- Logo included on all publicity, social media, website, etc.
- Logo included on event sponsor sign and event program

**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

**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

**SILVER
SPONSOR** \$500

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

**BRONZE
SPONSOR** \$250

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

FOR ADDITIONAL INFORMATION, PLEASE CONTACT

VICTORIA CORCORAN AT
VCORCORAN@COMPASSREGIONALHOSPICE.ORG
OR 443-262-4106

SCAN
FOR
INFO





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Sponsor and Registration Form

Online Registration available: compassregionalhospice.org/cndf-2026

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 _____ adult (17 and older) tickets for the fundraiser. \$60/ticket
 I would like _____ youth (ages 6-16) tickets for the fundraiser. \$30/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: _____