



SATURDAY, APRIL 20, 2024

7:00 – 10:00 PM

THE GRAND LODGE OF MARYLAND

Company Name: _____

(Please list name as you would like it to appear on event materials.)

Contact Name: _____

Title: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Fax: _____

For your records, the tax ID for Stella Maris is #52-1419602.

Please email a .jpeg and an EPS file of your logo by March 25 to emcdonne@stellamaris.org

Please fax this form to Erin McDonnell at 410-666-0698 or mail with payment to:

Erin McDonnell
Development Office
Stella Maris, Inc.
2300 Dulaney Valley Rd.
Timonium, MD 21093

STEP ONE: Please choose your level of sponsorship*:

- \$10,000 **Presenting Sponsor** (20 tickets)
- \$5,500 **Corporate Partner** (12 tickets)
- \$3,300 **Corporate Benefactor** (8 tickets)
- \$1,250 **Corporate Friend** (2 tickets)

While we are unable to sponsor, we would like to support the residents of Stella Maris with a contribution of \$_____.

While we are unable to sponsor, we would like to purchase ____ of individual tickets at \$150/each (\$15 tax deductible)

STEP TWO: Please choose your participation*:

- With our sponsorship, we will be **attending** and using all tickets purchased.
- With our sponsorship, we will be **attending** and would like to purchase ____ additional tickets at \$125 each.
- With our sponsorship, we will be **DONATING** ____ of our tickets to Stella Maris' frontline health care workers.
- We are not able to use our tickets and will be taking advantage of the full tax deduction.

STEP THREE: Payment*:

- Enclosed is a check made payable to Stella Maris, Inc.
- Please charge \$_____ to my credit card:

Cardholder: _____

Signature: _____

Credit Card Number: _____

Expiration Date: _____

**Please note that your credit card statement will reflect a charge from Mercy Health Services*