

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

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Guests Names: \_\_\_\_\_

Check enclosed \$ \_\_\_\_\_ check # \_\_\_\_\_

Charge credit card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ cvv: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name on cc: \_\_\_\_\_ Billing zip: \_\_\_\_\_

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

**\$2,500 Sommelier** - Includes reserved table & eight reservations; Featured Program Listing; Featured social media marketing post, publicity in advance of and at the event \$ \_\_\_\_\_

**\$2,000 Vintner** - Includes eight reservations; Featured Program Listing; Featured social media marketing post, publicity in advance of and at the event \$ \_\_\_\_\_

**\$1,000 Decanter** - includes four reservations; Program Listing; Social media marketing post, publicity in advance of and at the event \$ \_\_\_\_\_

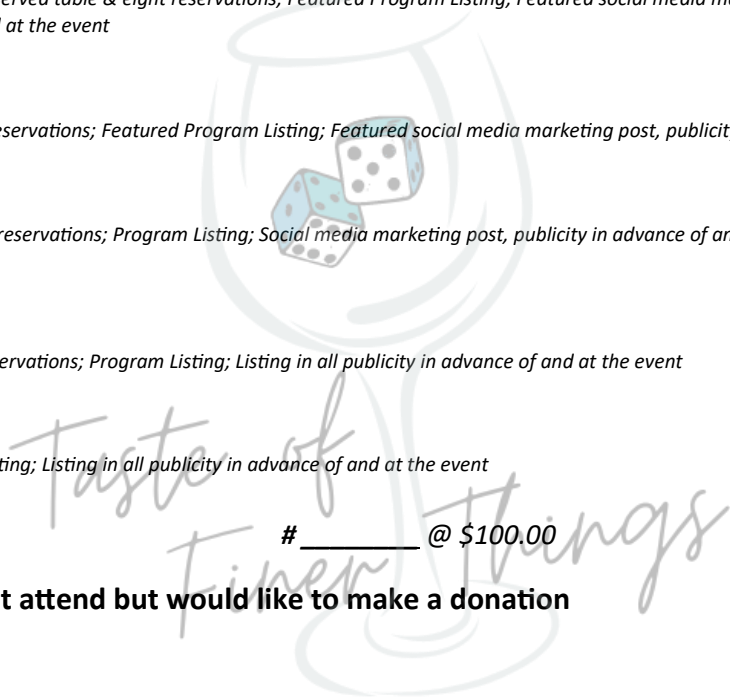
**\$500 Aromatic** - includes two reservations; Program Listing; Listing in all publicity in advance of and at the event \$ \_\_\_\_\_

**\$250 Rustic** - includes Program Listing; Listing in all publicity in advance of and at the event \$ \_\_\_\_\_

**\$100 Reservation** # \_\_\_\_\_ @ \$100.00 \$ \_\_\_\_\_

**We cannot attend but would like to make a donation** \$ \_\_\_\_\_

**Donation Total:** \$ \_\_\_\_\_



**MAKE CHECKS PAYABLE TO:  
MAIL TO:**

**Coastal Hospice  
Macky & Pam Stansell House  
Taste of Finer Things  
1500 Ocean Parkway  
Ocean Pines, MD 21811**