

Name: _____

Address: _____

E-mail: _____ Phone: _____

Guest 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

\$ _____

\$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

\$ _____

\$125 Reservation # _____ @ \$125.00

\$ _____

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**