

11th Annual RAISE YOUR GLASS Wine Tasting Fundraiser

Tuesday, May 20, 2025 | 6:00 pm - 9:00 pm Windridge Vineyards, 15700 Darnestown Rd., Darnestown, MD

Sponsorship Opportunities

\$5,000 Premier Sponsor

Eight tickets to the event
Listing in event program
Logo and link to company website on event page of our website
Listing in our e-newsletter
Feature article in newsletter
Speaking opportunity at the event

\$2,500 Reserve Sponsor

Six tickets to the event Listing in event program Listing and link to company website on event page of our website Listing in our e-newsletter

\$1,000 Refined Sponsor

Four tickets to the event Listing on event page of our website Listing in event program

Fine Wine • Hors d'oeuvres • Live Music • Raffle Prizes • Free Parking

*Individual tickets: \$110

Sponsorships & Tickets Available Online: www.caringmatters.org/raise-your-glass

Floral decorations provided by EDGE Floral Event Designers

CaringMatters | 518 South Frederick Ave., Gaithersburg, MD 20877 301-869-HOPE (4673) | Fax: 301-990-4909 | CaringMatters.org

We are a 501(c)(3) non-profit organization registered with the State of Maryland, and our EIN is 52-1591455. A copy of our current financial statement is available by contacting CaringMatters at 518 South Frederick Avenue, Gaithersburg, MD 20877 or at 301-869-4673. Documents and information submitted to the State of Maryland Charitable Solicitations Act are available from the Office of the Secretary.

Event Host Committee

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PERSONAL CONTACT INFORMATION

Please note: CaringMatters does not share your contact information.

Sponsorship Pledge Form

Name				
Street Address	City/S	tate/Zip _		
Email	Phone		Fax	
BUSINESS CONTACT INFO	RMATION (if applicable)			
Company Name				
Contact Name				
Street Address	City/State/Zip			
Email	Phone		Fax	
SPONSORSHIP INFORMAT	ION (please see details on reverse si	de)		
Sponsorship Level (check one):	☐ Premier \$5,000 ☐ Reserve \$2,5	00 🔲 Re	efined \$1,000	
List Sponsor As:	Con	ipany Webs	site:	
PAYMENT INFORMATION	(check one)			
☐ Check – Please make check p	payable to CaringMatters			
☐ Credit Card Number	Ехр.	Date	CVC Code	
Amount Authorized \$	Name on Card			

Please complete this form and email to leighb@caringmatters.org, fax to 301-990-4909, or mail to:

CaringMatters, 518 S. Frederick Ave., Gaithersburg, MD 20877