# Carols by Candlelight

## 2023 LEVELS OF GIVING

☐ ~~**Angel Sponsor: $5000+ (Cash or In-Kind)**~~ *SOLD*
• 4 Tickets to The Festival of Trees Preview Party
• 4 Tickets to The Festival of Trees
• 4 Entries for The Santa Run 5K
• Logo or Name Displayed On Center of Stage at Event
• Two Verbal Mentions by MC at Event
• Speaking Opportunity at Event
• Full Page Ad in Festival of Trees Program
• Social Media Shout-Outs
• *Sponsor Limit: 1 SOLD*

☐ **Santa Sponsor: $2500 (Cash or In-Kind)**
• 2 Tickets to The Festival of Trees Preview Party
• 2 Tickets to The Festival of Trees
• 2 Entries for The Santa Run 5K
• Logo or Name Displayed On Stage at Event
• Two Verbal Mentions by MC at Event
• Logo or Name in Festival of Trees Program
• Social Media Shout-Outs
• *Sponsor Limit: 5 (4 REMAINING)*

☐ **Gingerbread Sponsors: $1000 (Cash or In-Kind)**
• 2 Tickets to The Festival of Trees Preview Party
• 2 Tickets to The Festival of Trees
• Logo or Name Displayed Prominently at Event
• One Verbal Mentions by MC at Event
• Logo or Name in Festival of Trees Program
• Social Media Shout-Outs

☐ **Elf Sponsors: $500 (Cash or In-Kind)**
• 2 Tickets to The Festival of Trees Preview Party
• 2 Tickets to The Festival of Trees
• Logo or Name in Festival of Trees Program
• Social Media Shout-Outs

☐ **Reindeer Sponsors: $250 (Cash or In-Kind)**
• 2 Tickets to The Festival of Trees
• Logo or Name in Festival of Trees Program

☐ **Friends of Hospice: $_____**
• Logo or Name in Festival of Trees Program

# Carols by Candlelight

## SPONSOR INFORMATION

Please return this form along with your check made payable to:
Friends of Hospice
(memo line: Carols by Candlelight)
P.O. Box 2052
Easton, MD 21601

*A 501 © (3) Federal Income Tax deduction acknowledgement will be mailed to you upon receipt of your contribution.*

Business Name _____

Contact Name _____

Address _____

Email _____ Phone _____

Name as to appear in Program _____

PAYMENT BY CREDIT CARD  in the amount of $_____

Card:  Visa ☐ MasterCard ☐   Other_____

Name on Card _____

Card Number _____

Exp. Date _____ Sec.Code _____

Billing Address _____City _____ State ____ Zip _____

Signature _____