



The Culinary Event Supporting BridgingLife
Hospice & Palliative Care

April 29, 2024 at 1623 Brewing Co., Eldersburg, MD

CELEBRATING 25 YEARS

Yes, I would like to support BridgingLife by sponsoring Taste of Carroll at the following level:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Sommelier: \$15,000 | <input type="checkbox"/> Amuse Bouche: \$6,500 | <input type="checkbox"/> Champagne: \$2,500 | <input type="checkbox"/> Tapas: \$750 |
| <input type="checkbox"/> Epicurean: \$10,000 | <input type="checkbox"/> Entree: \$5,000 | <input type="checkbox"/> Intermezzo: \$2,000 | <input type="checkbox"/> Cordial: \$500 |
| <input type="checkbox"/> Bon Appétit: \$7,500 | <input type="checkbox"/> Hors d'oeuvres: \$3,000 | <input type="checkbox"/> Dessert: \$1,000 | |

Yes, I would like to add an additional amount as an Outright Anniversary Gift (100% Deductible):

- | | | |
|---|---|--|
| <input type="checkbox"/> Anniversary Additional \$1,025 | <input type="checkbox"/> Anniversary Additional \$225 | <input type="checkbox"/> Anniversary Additional \$25 |
| <input type="checkbox"/> Anniversary Additional \$525 | <input type="checkbox"/> Anniversary Additional \$125 | <input type="checkbox"/> Other: \$ _____ |

Company Name: _____

Contact Name: _____

How would you like your name to appear as a sponsor? _____

Address: _____

Phone: _____ Fax: _____

Email: _____

To sponsor, please complete the above form. Deadline for marketing inclusion April 1 unless otherwise noted.

Tax ID: 52-1565870

☐ **Check payable to: BridgingLife**

Mail to: BridgingLife
Taste of Carroll
Attention: Heather Akers
200 Memorial Avenue
Westminster, MD 21157
Phone: 410-871-6200 | Fax: 410-871-6210
hakers@lifebridgehealth.org

☐ **Pay by credit card by visiting tasteofcarroll.org**




BRIDGINGLIFE
Compassionate care for life's transitions
Serving Carroll, Baltimore, & Frederick counties,
Baltimore City & Southern Pennsylvania.

Anniversary Sponsor
M&T Bank
Understanding what's important®

Thank you for your support!