



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

\$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

Event Host Committee

Co-Chair:

Mayor Jeffrey Z. Slavin

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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.



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PERSONAL CONTACT INFORMATION

Please note: CaringMatters does not share your contact information.

Sponsorship Pledge Form

Name _____

Street Address _____ City/State/Zip _____

Email _____ Phone _____ Fax _____

BUSINESS CONTACT INFORMATION (if applicable)

Company Name _____

Contact Name _____

Street Address _____ City/State/Zip _____

Email _____ Phone _____ Fax _____

SPONSORSHIP INFORMATION (please see details on reverse side)

Sponsorship Level (check one): ☐ Premier \$5,000 ☐ Reserve \$2,500 ☐ Refined \$1,000

List Sponsor As: _____ Company Website: _____

PAYMENT INFORMATION (check one)

☐ Check – Please make check payable to CaringMatters

☐ Credit Card Number _____ Exp. 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

Leigh is available at 301-990-7927 to answer any questions you may have about the event.