



**A Benefit for Hospice Patients
and Their Families**

October 10, 2021

**In Person OR Pick-Up at the
Maryland State Fair Grounds**

Company Name: (Please list name as you would like it to
appear on event materials)

Contact Name: _____

Title: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Fax: _____

Stella Maris is a not-for-profit member of Mercy Health
Services. For your records, the Tax Identification Number
for Stella Maris is 52-1419602.

***All orders must be placed by September 27, 2021**

**Please note that should County or State gathering
guidelines change, ALL tickets will be for drive-thru.
We will notify you should this happen**

**Visit our website
www.stellamariscrabfeast.org**

YES, we are pleased to join as a Sponsor:

STEP ONE: Please choose your level of sponsorship*:

- \$10,000 **Chesapeake Blue Crab Presenting Sponsor** (20 tix)
(*\$8,800 donation to Stella)
- \$5,500 **Steamed Crab Sponsor** (10 tix)
(*\$4,900 donation to Stella)
- \$2,750 **MD Crab Cake Sponsor** (8 tix)
(*\$2,270 donation to Stella)
- \$1,250 **Cracked Claw Sponsor** (6 tix)
(*\$640 donation to Stella)
- While we are unable to sponsor the **Crab Feast and Hospice Day of Giving**, we would like to support hospice services at Stella Maris with a contribution of \$_____.

STEP TWO: Please choose your participation*:

- We will be using ____ of our tickets for the **IN-PERSON** Event between 1:30 p.m. – 4:30 p.m. that day (tickets are limited for this option; please respond as soon as possible).
- We will be using ____ of our tickets for the **PICK-UP** Event that day between 10:00 a.m. – 12:00 p.m.
- We will be **DONATING** ____ of our tickets to Stella Maris' frontline health care workers.
- We are not able to use our tickets and will be taking advantage of the full tax deduction.

STEP THREE: Payment*:

- Enclosed is a check made payable to Stella Maris, Inc.
- Please charge \$_____ to my credit card:

Cardholder: _____

Signature: _____

Credit Card Number: _____

Expiration Date: _____

Please note that your credit card statement will reflect a charge from Mercy Health Services

Please email an EPS Vector and a JPG file of your logo to kmarquis@stellamaris.org
For more information, please contact Kristin Marquis at 410-252-4500, extension 7564 or by email at kmarquis@stellamaris.org

The Sisters of Mercy thank you for your support.