



MINISTRY OF CARING INC. Hosts  
*the* **1ST ANNUAL CRAB FEST**  
 SATURDAY, SEPTEMBER 10, 2016  
 at CAVALIERS COUNTRY CLUB  
 2:00 - 8:00PM

## SPONSORSHIP DONATION FORM

### SPONSORSHIP & ADMISSION

CATEGORY	PRICING	ADMISSION	QUANTITY
Crab Imperial Sponsorship*	\$5,000	8 VIP Tickets	
King Crab Sponsorship*	\$1,000	6 VIP Tickets	
Crab Legs Sponsorship*	\$500	4 VIP Tickets	
Soft Shell Sponsorship*	\$250	2 VIP Tickets	
VIP Admission**	\$75	1 VIP Ticket	
Individual Admission***	\$50	1 Regular Ticket	

\*All sponsorships include company logo printed on all event banners and marketing material

\*\*Beer and mixed drinks included

\*\*\*Beer and soft drinks included

#### Auction Item Donation

Description of item(s) to be donated: \_\_\_\_\_ Tax Deductible retail value of gift: \$ \_\_\_\_\_

Any restrictions or special handling required? \_\_\_\_\_

Gift to be:  mailed or delivered to MOC  picked up at my location on/by \_\_\_\_ / \_\_\_\_ / 2016

Sorry, I cannot attend. Please accept my donation of \$ \_\_\_\_\_ for MOC's Crab Fest

**TOTAL COST \$ \_\_\_\_\_**

### CONTACT INFORMATION

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### PAYMENT INFORMATION

PAYMENT TYPE: Cash ( ) Check ( ) Card ( )

Card Type: \_\_\_\_\_ Name On Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

CCV: \_\_\_\_\_ Expiration: \_\_\_\_\_ Signature: \_\_\_\_\_

Please remit payment to the Ministry of Caring Inc. as soon as possible prior to September 3rd, 2016.

Ministry of Caring Inc.  
 Tax ID: 51-0209843  
 115 East 14th St, Wilmington, DE, 19801  
 Phone: (302) 516-1069

