

TASTE OF MERCED • SEPTEMBER 25, 2020

Special Delivery Edition

SUPPORTING MOTHER/BABY PEDIATRIC SERVICES



Sponsor Levels

MAIN STREET - \$3,000

- Tasting tickets* (6)
- Special event tote (6)
- Special floral arrangement
- Two (2) bottles of wine per tote (1 red & 1 white)
- Assortment of celebration goodies
- 15-second mention in event video
- Full-page advertisement in event program
- Logo/name recognition on Foundation website
- Logo/name mention on Foundation social media
- Logo/name recognition in Foundation e-newsletter

Fair Market Value \$974.00

BEAR CREEK - \$1,500

- Tasting tickets* (4)
- Special event tote (4)
- Two (2) bottles of wine per tote (1 red & 1 white)
- Assortment of celebration goodies
- Logo/name recognition in event video
- Quarter-page advertisement in event program
- Logo/name recognition on Foundation website
- Logo/name mention of Foundation social media

Fair Market Value \$441.00

MERCEDIAN - \$500

- Tasting tickets* (2)
- Special event tote (2)
- Name recognition in event video
- Name recognition in event program
- Name recognition on Foundation website

Fair Market Value \$126.00

TASTING TICKET - \$100

- Tasting ticket* (1)
- Special event tote (1)

Fair Market Value \$63.00

* Tasting ticket, intended for two people, entitles the ticket holder to two (2) sample-size portions of each bite and one (1) special event tote.

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Sponsor Agreement

JOIN THE MERCY FOUNDATION FOR TASTE OF MERCED, SPECIAL DELIVERY EDITION, BENEFITING MOTHER/BABY PEDIATRIC SERVICES AT MERCY MEDICAL CENTER.

BUSINESS: _____ CONTACT: _____

OR

INDIVIDUAL: _____

MAILING ADDRESS: Business Residential

EMAIL ADDRESS: _____

PHONE #: Home Cell Work _____

Sponsor Levels

MAIN STREET - \$3,000

MERCEDIAN - \$500

BEAR CREEK - \$1,500

TASTING TICKET - \$100 x [QTY]

* Tasting ticket, intended for two people, entitles the ticket holder to two (2) sample-size portions of each bite and one (1) special event tote.

PAYMENT INFORMATION

I have enclosed my check made payable to: Mercy Medical Center Merced Foundation

Please charge my credit card: Card number _____

Exp. Date _____

CVV _____

PLEASE RETURN BY SEPTEMBER 4, 2020, TO BE INCLUDED IN PROMOTIONAL MATERIALS.



Mercy Medical Center
Merced Foundation.

A Dignity Health Member

Tax ID # 77-0035928

QUESTIONS?

2740 M Street
Merced, CA 95340
209.564.4200