

20 BOURBON & BOWTIES 24

WINERY PARTNERSHIP REGISTRATION

Limited Opportunities Available

5

The proceeds from Bourbon & Bowties will be dedicated to the new Samaritan Hospital to ensure that the equipment and technology our region needs and deserves is provided. #BUILDCOMMUNITY.

winery partnerships are available—to claim your official partnership for the 2024 Bourbon & Bowties Gala, please complete the form below and return it to the Foundation office. Registration deadline is February 28, 2024.

For any questions regarding partnership opportunities and the event as a whole, please feel free to contact Samaritan Healthcare Foundation at 509-793-9645.

2024 PARTICIPATION

- Participating Wineries will host a serving station and pour 2 oz. tastings of selected varietals for guests. If winery is unable to provide a staff member or representative from the organization for the event, Samaritan will work to identify a volunteer for you. (Please note: volunteer or representative must be at least 21 years of age.)
- Social hour will be open to all guests 5:30-7p. Beverage service will be transitioned to the main event space when guests move over for dinner. Upon beginning of the program, any remaining product may be transferred to the community pouring location in the main event room.
- All pouring participants must be compliant with Washington State LCCB, and will serve alcohol under official event permit.
- SHF will purchase two cases of wine, with cost not to exceed \$18 per bottle. This is a charity event and participating wineries are asked that two cases be donated for event pouring. (Samaritan Healthcare Foundation is 501(C)(3) non-profit, tax receipts will be available upon donation confirmation and/or receipt of product.)

2024 EVENT SCHEDULE

Friday, April 26, 2024 | Grant County Fairgrounds

5:30-7 PM: SOCIAL HOUR

Tasting of Washington's finest wine, beer & spirits!

7-8 PM: DINNER IS SERVED

Come and taste all that the Columbia Basin has to offer!

8:15 PM: PROGRAM & AUCTION

Give back & give BIG for the future of Healthcare in the Columbia Basin!



Organization/Name: _____

Organizational Contact: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Serving Selection(s): _____ Cost Per Bottle: _____

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Return your completed registration to the Samaritan Healthcare Foundation:

E-mail: foundation@samaritanhealthcare.com | Fax: 509-764-3277

Mail: Samaritan Healthcare Foundation, 801 E. Wheeler Rd., Moses Lake, WA 98837

 **SAMARITAN**
FOUNDATION
Generosity heals.