

2026 SPONSORSHIPS & REGISTRATION



A Taste of Rockland

CELEBRATING 31 YEARS

SEPTEMBER 28, 2026



A Taste of Rockland is a culinary extravaganza featuring innovative foods, desserts, and libations from local establishments.

Join us to celebrate the 31st anniversary of this event on September 28 and The Arc Rockland's work to provide individuals with intellectual and developmental disabilities (IDD) the resources and supports to participate fully in community life.



Questions?

Contact Colleen Smith
845.905.6527

CSmith@TheArcRockland.org

Visit TheArcRockland.org
to register online.

Sponsorship Benefits	Presenting \$10,000	Platinum \$6,000	Gold \$3,000	Silver \$1,250	Bronze \$500
Number of event registrations	10	6	3	1	-
Exclusive customized banner displayed at event	✓				
Speaking opportunity during the event	✓				
Recognition from the podium	✓	✓			
Recognition in program book	Full page	1/2 page	1/4 page	name	name
Logo on The Arc Rockland's website home page	✓	✓	✓		
Logo on The Arc Rockland's event web page	✓	✓	✓	✓	✓
Name listed on two banners at event	✓	✓	✓	✓	✓
Recognition on social media posts	✓	✓	✓	✓	✓

\$10,000 Presenting Sponsor

SOURCEPASS

\$6,000 Platinum Sponsors

BELL-ANS

M&T Bank

\$3,000 Gold Sponsors



Guerin & Guerin
Insurers

**CLIFTON BUDD
& DEMARIA, LLP**



\$1,250 Silver Sponsors



\$500 Bronze Sponsors



**Gundersen
Family**



Registrant Information

Name _____

Company/Organization _____

Address _____

City _____

State _____

Zip _____

Email _____

Mobile Phone _____

**RSVP by
Sept 4th**

Sponsorship Levels

\$10,000 Presenting

\$6,000 Platinum

\$3,000 Gold

\$1,250 Silver

\$500 Bronze

Sponsorship Amount \$ _____

Individual Registration

Table of 10 Registration

Please list the names of your guests:

1 _____

6 _____

2 _____

7 _____

3 _____

8 _____

4 _____

9 _____

5 _____

10 _____

A Taste of Rockland Registration

of guests _____ x \$225 \$ _____

of tables _____ x \$2,250 \$ _____

I am unable to attend, but would like to donate \$ _____

TOTAL AMOUNT \$ _____

Payment Information

\$ _____ Check payable to: **The Arc Foundation of Rockland**

Please charge \$ _____ to my:



I agree to cover the credit card fee (approximately 3.5%)

Card # _____

Exp. Date _____

Cardholder Name _____

CVC Code _____

Signature _____

Today's Date _____

Mail Payment and Form to: **Colleen Smith**

The Arc Foundation of Rockland

210 Route 303

Valley Cottage, NY 10989



A complimentary 1-year membership to The Arc Rockland is included with your event registration. Your membership supports our advocacy for the rights of people with intellectual and developmental disabilities. Opt Out - Please DO NOT include me as an Arc Rockland member.