



2019 SPONSORSHIP COMMITMENT FORM

We would like to participate at the following level:

- | | |
|---|--|
| <input type="checkbox"/> \$100,000 Premier Sponsor | <input type="checkbox"/> \$10,000 Results Sponsor No longer available |
| <input type="checkbox"/> \$50,000 Platinum Sponsor | <input type="checkbox"/> \$10,000 Bike & Stroller Parking Sponsor |
| <input type="checkbox"/> \$40,000 Kids Dash Sponsor | <input type="checkbox"/> \$7,500 On-Course Entertainment Sponsor |
| <input type="checkbox"/> \$25,000 Packet Pickup Sponsor | <input type="checkbox"/> \$7,500 Water & Aid Station Sponsor |
| <input type="checkbox"/> \$15,000 Volunteer Sponsor | <input type="checkbox"/> \$7,500 Mile Marker Sponsor |
| <input type="checkbox"/> \$15,000 Super Hero Sponsor | <input type="checkbox"/> \$5,000 Tribute Wall Sponsor |
| <input type="checkbox"/> \$15,000 Team Photo Sponsor No longer available | <input type="checkbox"/> \$2,500 Supporter Sponsor |
| <input type="checkbox"/> \$15,000 Inspiration Station Sponsor | <input type="checkbox"/> Other \$_____ |
| <input type="checkbox"/> \$10,000 Bag Check Sponsor | |

Your sponsorship directly supports the Fund for Every Child. Your contribution makes a remarkable difference by helping us deliver exceptional care to every child, regardless of circumstance or ability to pay.

Please list us in printed materials as: _____

Name: _____

Company: _____

Billing Address: _____

City/State/Zip: _____

Phone: _____ Email : _____

PAYMENT OPTIONS

- Enclosed is a check (made payable to Children's Hospital Foundation) for payment in full.
- Please charge my credit card: ___Visa ___ Mastercard ___American Express ___Discover
 Card Number: _____
 Exp. Date: _____ CVC: _____
 Signature: _____
- Please invoice me and I will remit payment by June 30, 2019.

Please email this form along with your high resolution logo to Laura Langstaff at lblankstaf@childrensnational.org

Children's Hospital Foundation
 801 Roeder Road, Suite 400
 Silver Spring, MD 20910
 Questions? Call Laura at 301-565-8425

Children's Hospital Foundation's 501(c)3 number: 52-1640402