



2018 SPONSORSHIP COMMITMENT FORM

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Please list us in printed materials as: _____

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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 May 15, 2018.

Please email this form along with your high resolution logo in color and B&W to Kaitlyn Salazar at: ksalazar@childrensnational.org

Children's Hospital Foundation
 801 Roeder Road, Suite 300
 Silver Spring, MD 20910
 Questions? Call Kaitlyn at 301-565-8560

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