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PLEASE SELECT YOUR PREFERRED SPONSORSHIP LEVEL:

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HOW WOULD YOU LIKE TO BE LISTED ON PRINTED MATERIALS?*

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**Bronze, Silver, Gold, and Leader sponsors: please submit your high-resolution EPS logo in color, black and white online here:*

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Check Payment in full**

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***Checks to be made payable to the Children’s National Hospital Foundation (Attn: Race for Every Child)*

†Pay with Credit Card securely online at RaceForEveryChild.org/SponsorPay

PRIMARY CONTACT*

Name: _____

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**Who from your company approved this gift?*

ADMINISTRATIVE CONTACT*

Name: _____

Email: _____

Phone: _____

**Whom should we contact from your company to collect and share additional information regarding your sponsorship and Race Day preparation?*

PLEASE MAIL CHECKS TO:

Attn: Race for Every Child
Children’s National Hospital Foundation
1 Inventa Place, 6th Floor, West
Silver Spring, MD 20910

Children’s Hospital Foundation 501(C)3 Number: 52-1640402

