



2020 SPONSORSHIP COMMITMENT FORM

We would like to participate at the following level:

- | | |
|--|---|
| <input type="checkbox"/> \$50,000 Platinum | <input type="checkbox"/> \$5,000 Dr. Bear's Friends |
| <input type="checkbox"/> \$25,000 Gold | <input type="checkbox"/> \$2,500 Supporter |
| <input type="checkbox"/> \$10,000 Silver | <input type="checkbox"/> Other \$_____ |

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, 2020.

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

Children's Hospital Foundation

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