



Children's National®

The Children's Ball

Saturday, April 13, 2019

INDIVIDUAL SPONSOR REGISTRATION FORM

WE WOULD LIKE TO PARTICIPATE AT THE FOLLOWING LEVEL:

- | | |
|---|--|
| <input type="checkbox"/> Presenting Sponsor \$500,000 | <input type="checkbox"/> Gold Sponsor \$17,500 |
| <input type="checkbox"/> Premier Sponsor \$250,000 | <input type="checkbox"/> Circle of Care Sponsor \$12,500 |
| <input type="checkbox"/> Signature Sponsor \$150,000 | <input type="checkbox"/> Silver Sponsor \$7,500 |
| <input type="checkbox"/> Patron Sponsor \$100,000 | <input type="checkbox"/> Dr. Bear's Friends \$3,500 |
| <input type="checkbox"/> Platinum Sponsor \$50,000 | <input type="checkbox"/> Individual Reservation \$1,500 |
| <input type="checkbox"/> Champion Sponsor \$25,000 | |

PAYMENT OPTIONS

- Send invoice
- Check for payment in full
(Made payable to Children's Hospital Foundation)
- Donation
I/We cannot attend, but would like to make a contribution in the amount of \$ _____

I wish to charge my credit card:

- VISA Master Card Discover AmEx
- Card Number _____
- Expiration Date _____
- Signature _____

CONTACT INFORMATION

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Please list us in the printed materials as:

Deadline to appear in the printed program is March 9, 2019. Children's Hospital Foundation's 501(c)3 number: 52-1640402

I/We pledge to become a patron of the Children's Ball at the level indicated on this form and agree to remit payment on or before _____ .

Signature _____

Please mail this form to:

ATTN: Jen Fleming
Children's Hospital Foundation
801 Roeder Road, Suite 300, Silver Spring, MD 20910

To discuss a custom sponsorship, please contact Jen Fleming at JBFleming2@ChildrensNational.org or 301-565-8530.