

Children's Ball 2024

Saturday, April 13

INDIVIDUAL SPONSORSHIP COMMITMENT FORM

WE WILL PARTICIPATE AT THE FOLLOWING LEVEL:

- | | |
|---|---|
| <input type="checkbox"/> Presenting Sponsor.....\$500,000 | <input type="checkbox"/> Gold Sponsor.....\$25,000 |
| <input type="checkbox"/> Premier Sponsor.....\$250,000 | <input type="checkbox"/> Silver Sponsor.....\$17,500 |
| <input type="checkbox"/> Signature Sponsor.....\$150,000 | <input type="checkbox"/> Bronze Sponsor.....\$12,000 |
| <input type="checkbox"/> Patron Sponsor.....\$100,000 | <input type="checkbox"/> Dr. Bear's Friends Sponsor.....\$5,000 |
| <input type="checkbox"/> Platinum Sponsor.....\$50,000 | <input type="checkbox"/> Donation in the amount of: _____ |

All sponsorships are tax-deductible to the extent allowed by law. By selecting a sponsorship, we assume that you will take advantage of all benefits included at the time of purchase per IRS regulations. If you are unable to attend the event and would like to make a fully tax-deductible gift, please select the Donation option above. Please review sponsor benefit details and information for the appropriate tax deductions at childrensball.com.

PLEASE LIST ME IN CHILDREN'S BALL MATERIALS THIS WAY: *

Preferred Listing Name: _____

**Presenting, Premier, Signature, Patron, Platinum and Gold sponsors: please email your high-resolution EPS logo in both color and black & white to specialevents@childrensnational.org.*

BILLING INFORMATION

Payment Options: Check Invoice Credit Card

Company: _____

Street 1: _____

Street 2: _____

City, State & Zip: _____

Credit Card Payment Information:

Name on Card: _____

Card #: _____

CVV: _____

Exp Date: _____

PRIMARY CONTACT

Who is the primary contact for this sponsorship?

Name: _____

Email: _____

Phone: _____

ADMINISTRATIVE CONTACT

Who should we contact to collect and share additional information?

Name: _____

Email: _____

Phone: _____

I pledge to sponsor the Children's Ball at the indicated level and agree to remit payment on or before

____/____/____

Signature _____

Children's Ball sponsorships must be paid in full by April 13, 2024 and no later than May 13, 2024 (30 days post event).

Please mail your check to:

Children's National Hospital Foundation
ATTN: Children's Ball
1 Inventa Place, 6th Floor West
Silver Spring, MD 20910

Children's Hospital Foundation's

501(C)3 Number: 52-1640402

Please return this form

**to Stephen Roche, Senior Associate
Director of Special Events,
sroche@childrensnational.org.**



Children's National

childrensnational.org/childrensball

Children's Ball 2024

Saturday, April 13

CORPORATE SPONSORSHIP COMMITMENT FORM

WE WILL PARTICIPATE AT THE FOLLOWING LEVEL:

- | | |
|---|--|
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| <input type="checkbox"/> Patron Sponsor.....\$100,000 | <input type="checkbox"/> Donation in the amount of:..... |
| <input type="checkbox"/> Platinum Sponsor.....\$50,000 | |

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Silver Spring, MD 20910

Children's Hospital Foundation's

501(C)3 Number: 52-1640402

Please return this form to Samantha

**Frankel, Senior Associate Director
of Corporate Partnerships,
sfrankel@childrensnational.org.**



Children's National

childrensnational.org/childrensball