

## SPONSOR COMMITMENT FORM

## PLEASE SELECT YOUR PREFERRED SPONSORSHIP LEVEL:

All sponsorships and ticket purchases are tax-deductible to the extent allowed by law. By selecting a sponsorship or ticket package, 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 contribution option below.

| □ Premier Sponsor.       \$150,000         □ Diamond Sponsor.       \$75,000         □ Bond Sponsor.       \$50,000         □ Skyfall Sponsor       \$25,000         □ Goldeneye Sponsor       \$15,000 | <ul> <li>□ Moonraker Sponsor</li></ul>   |
|---|--|
| CONTACT INFORMATION   | PAYMENT OPTIONS  |
| Name  | ☐ Send invoice   |
| Address   | ☐ Check enclosed for payment in full   |
| City/State/Zip  | (Payable to Children's National Hospital Foundation)   |
| Phone   | ☐ Credit Card  |
| Email   | (Payment by credit card available on https://childrensnational.org/whitehatgala/sponsorpayment under "Become a Sponsor") |
| HOW WOULD YOU LIKE TO BE LISTED ON PRINTED MATERIALS?*  |  |
| Preferred Listing Name*  *The deadline to appear in the printed materials is Tuesday, October 1. Please submit your high-resolution EPS logo  |  |
| in color and black and white online here: https://form.jotform.com/232674382724158"   |  |
| I/We pledge to become a patron of the White Hat Gala at the level indicated on this form and agree to remit payment on or before  Signature   |  |

## Please mail this form to:

ATTN: White Hat Gala Children's National Hospital Foundation 1 Inventa Place, 6th Floor West Silver Spring, MD 20910 Children's Hospital Foundation's 501(C)3 Number: 52-1640402

To discuss a custom sponsorship, please contact Samantha Frankel at sfrankel@childrensnational.org or (301)919-1841.

