

Children's Ball 2025

Saturday, April 26, 2025

INDIVIDUAL SPONSORSHIP COMMITMENT FORM

WE WILL PARTICIPATE AT THE FOLLOWING LEVEL:

- | | |
|---|--|
| <input type="checkbox"/> Presenting Sponsor.....\$250,000 | <input type="checkbox"/> Gold Sponsor.....\$25,000 |
| <input type="checkbox"/> Premier Sponsor.....\$200,000 | <input type="checkbox"/> Silver Sponsor.....\$15,000 |
| <input type="checkbox"/> Signature Sponsor.....\$150,000 | <input type="checkbox"/> Bronze Sponsor.....\$5,000 |
| <input type="checkbox"/> Patron Sponsor.....\$100,000 | Donation in the amount of:..... |
| <input type="checkbox"/> Platinum Sponsor.....\$50,000 | |

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. Children's National Hospital Foundation is required to follow certain restrictions. Event tickets or sponsorships paid through Donor Advised Funds (DAF) or private family foundations are not allowed. For questions, please contact Melanie McCarty, Associate VP of Special Events and Stewardship, at mmccarty@childrensnational.org. 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.org.

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

Preferred Listing Name: _____

*Presenting, Premier, Signature, Patron, Platinum and Gold sponsors: please visit form.jotform.com/ChildrensNational/logosubmission to upload your high resolution EPS logo in both color and black & white.

**Deadline to appear in the invitation is January 10, 2025.*

**Deadline to appear in the print program and event materials is April 1, 2025.*

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 regarding the administrative aspects of the sponsorship (i.e. - benefits, invoicing/tax receipts, seating 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 26, 2025 and no later than May 26, 2025 (30 days post event).

Please mail your check with a copy of this form 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

childrensball.org