Children's Ball 2026

Saturday, April 25, 2026



STAFF SPONSORSHIP COMMITMENT FORM

WE WILL PARTICIPATE AT THE FOLLO	OWING LEVEL:			
☐ Presenting Sponsor	\$250,000		Gold Sponsor\$25,000	
□ Premier Sponsor	\$200,000		Silver Sponsor\$15,000	
□ Signature Sponsor	\$150,000		Bronze Sponsor	
□ Patron Sponsor	\$100,000	Do	nation in the amount of:	
□ Platinum Sponsor	\$50,000			
benefits included at the time of purchase Event tickets or sponsorships paid throug contact Melanie McCarty, Associate Vice	e per IRS regulations. Children's Na yh Donor Advised Funds (DAF) or p e President of Special Events and S ke a fully tax-deductible gift, pleas	itiona privat Stewa se sel	sponsorship, we assume that you will take advantage of all all Hospital Foundation is required to follow certain restrictions to family foundations are not allowed. For questions, please ardship, at mmccarty@childrensnational.org. If you are unable ect the donation option above. Please review sponsor all.org.	
PLEASE LIST ME IN CHILDREN'S BALL				
Preferred Listing Name:			(0.11)	
*Presenting, Premier, Signature, Patron, to upload your high resolution EPS logo		ease	visit form.jotform.com/ChildrensNational/logosubmission	
*Deadline to appear in the invitation is	January 12, 2026.			
*Deadline to appear in the print progra	m and event materials is April 3,	2026	i.	
BILLING INFORMATION			PRIMARY CONTACT	
Payment Options: ☐ Check ☐ Invoice ☐ Credit Card ☐ Vacation Hours**			Who is the primary contact for this sponsorship?	
Company:				
Street 1:		Email:		
Street 2:				
City, State & Zip:				
			ADMINISTRATIVE CONTACT	
Credit Card Payment Information:			Who should we contact regarding the	
Name on Card:		(i.e. henefits invoicing/tay receipts		
Card #:		seating information)?		
CVV:		Name:		
Exp Date:			Email:	
**For questions on how to credit vacation hours, please contact Gift Administration via specialevents@childrensnational.org or (301) 565–8566			Phone:	
•	,			
pledge to sponsor the Children's Ba	ll at the indicated level and agr	ee to	o remit payment on or before//	
Signature				
			er than May 25, 2026 (30 days post event).	
Please mail your check	Children's Hospital Foundation's Please return this form to:			
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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

501(C)3 Number:

52-1640402

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