



SPONSORSHIP COMMITMENT FORM

Company or Individual: _____
(Please print name exactly as it should appear in printed material)

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Yes, we would like to support the Board of Visitors Children's National Medical Center,
A Care for Kids Card 2011, October 21st through October 31st.

- _____ \$ 20,000 FOUNDING SPONSOR (\$18,050 is tax deductible)
- _____ \$ 10,000 PRINCIPAL SPONSOR (\$8,900 is tax deductible)
- _____ \$ 5,000 KEY SPONSOR (\$4,900 is tax deductible)
- _____ \$2,500 SUPPORTING SPONSOR (\$2,450 is tax deductible)
- _____ \$1,000 PARTICIPATING SPONSOR (\$1,000 is tax deductible)
- _____ \$500 CARE FOR KIDS CARD PAGE SPONSOR (\$500 is tax deductible)

Make check payable to Children's National Medical Center (CNMC)

Please fax this form to (202) 966-5494 and mail check *and* form to:

Sandy Langdon
Sponsor Liaison
Care for Kids Card 2011
P.O. Box 9895
Washington, DC 20016

Any questions, please contact Sandy at 202-258-3948 or Slangdon@boardofvisitors.com
www.boardofvisitors.com

In order to be listed in the card directory, please respond by June 24, 2011
Contributions to Children's National Medical Center are tax deductible to the extent of the law.