

2018 Walk for Children's Commitment Form



Children's
Hospital of Pittsburgh
FOUNDATION

WALKfor
CHILDREN'S

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Email _____

- \$125,000 Presenting Sponsor \$15,000 Supporter Sponsor
 \$50,000 Hero Sponsor \$5,000 Patron Sponsor
 \$25,000 Believer Sponsor

Please print your company name as it should appear in recognition materials.

Please complete the section below for the individual who should be contacted for all logistical details.

First and Last Name _____

Phone Number _____

Email Address _____

Payment Information

- Check enclosed. Please make your check payable to:

Attention: *Walk for Children's*
Children's Hospital of Pittsburgh Foundation
One Children's Hospital Drive
Central Plant, Floor 3
4401 Penn Avenue
Pittsburgh, PA 15224-1342

- Charge my credit card: Visa MasterCard American Express Discover

Name on Card _____

Credit Card Number _____ Exp. Date _____

Sec. Code _____ Signature _____

- Please send an invoice payment by Wednesday, May 2, 2018.

Please email this form along with your high resolution logo to our Walk Team at walkforchildrens@chp.edu.

Visit walkforchildrens.com for additional information.

IF YOU'D LIKE TO CHANGE YOUR COMMUNICATION PREFERENCES, PLEASE CONTACT US AT GIFTS@CHP.EDU OR CALL 1-877-247-4483. ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE LIMIT OF THE LAW. OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE PENNSYLVANIA DEPARTMENT OF STATE BY CALLING TOLL FREE WITHIN PENNSYLVANIA 1-800-732-0999. REGISTRATION DOES NOT IMPLY ENDORSEMENT.