

2021 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 _____

\$50,000 Hero Sponsor

\$15,000 Supporter Sponsor

\$25,000 Believer Sponsor

\$5,000 Patron Sponsor

Payment Information

Check enclosed. Please make your check payable to:

Attention: *Walk for Children's*
Children's Hospital of Pittsburgh Foundation
PO Box 535240
Pittsburgh, PA 15253

Charge my credit card: Visa MasterCard American Express Discover

Name on Card _____

Credit Card Number _____ Exp. Date _____

Signature _____

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 _____

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

Use logo on file Will email logo N/A

Company social media handle _____

Visit walkforchildrens.com for additional information.

IF YOU'D LIKE TO UNSUBSCRIBE, 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.