

**The Imagine Guild of Seattle Children's Hospital
Children's Ride 22 Sponsorship**

INVOICE

Please circle the amount of your desired sponsorship level. Complete the form and return with payment to the address noted below.

\$10,000	\$5,000	\$2,500	\$1,000
-----------------	----------------	----------------	----------------

Corporation Name _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Email _____

Personal/Business check payable to: **The Imagine Guild** (tax exempt # 91-2031532)

Mailing Information:

Seattle Children's Hospital Guild Association
Attention: Wendy Funicello
PO Box 5371
Mail Stop S-200
Seattle, WA 98145

Benefiting



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION