

The 17th Annual Sweetheart Dinner Dance

~ SPONSORSHIP REPLY FORM ~

Sponsorship:

- | | | | |
|-----------------------------------|----------|-------------------------------------|---------|
| <input type="checkbox"/> Diamond | \$10,000 | <input type="checkbox"/> Silver | \$1,000 |
| <input type="checkbox"/> Platinum | \$5,000 | <input type="checkbox"/> Sweetheart | \$500 |
| <input type="checkbox"/> Gold | \$3,000 | | |

Name as you want it to appear (*Please print*): _____

Check Enclosed

Please charge my (*Check one*): Visa/MC _____ American Express _____ Discover _____

Cardholder Name (*Please print*): _____

Account Number _____

Expiration Date _____ Signature _____

Please include your phone number _____

Please return this form to: **The Children's Medical Research Foundation, Inc., P. O. Box 70,
Western Springs, IL 60558, fax to (708) 784-1978 or call (708) 784-0631.**