

**The Imagine Guild of Seattle Children's Hospital
Children's Ride 17 Sponsorship**

I N V O I C E

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

\$10,000	\$5,000	\$2,500	\$1,000
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Payment Options:

Personal/Business check payable to: **The Imagine Guild**

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Mailing Information:

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

Benefiting



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