



**“CMN” Bike Night
Sponsor Form
[Benefits Children’s Hospital Of Philadelphia]**

Name : _____

Address : _____

City : _____ State : _____

Zip : _____ Phone Number : _____

Donations can be given in the following categories;

- _____ \$1000.00 to become a Platinum Sponsor
- _____ \$500.00 to become a Gold Sponsor
- _____ \$100.00 to become a Silver Sponsor and have your name on one of the Custom Bike Show Classes
- _____ \$75.00 sponsor a First Place Trophy
- _____ \$50.00 sponsor a Second Place Trophy
- _____ \$30.00 sponsor a Third Place Trophy
- _____ \$20.00 Donation
- _____ \$ other

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