



HACKATHON FOR HOPE

Company Name _____

PLEASE PRINT YOUR COMPANY NAME AS IT SHOULD APPEAR IN RECOGNITION MATERIALS.

Contact Name _____ Contact Title _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

SELECT YOUR LEVEL OF SUPPORT:

- | | |
|--|---|
| <input type="checkbox"/> \$50,000 Yottabyte Sponsor | <input type="checkbox"/> \$5,000 Petabyte Sponsor |
| <input type="checkbox"/> \$25,000 Zettabyte Sponsor | <input type="checkbox"/> \$1,000 Terabyte Sponsor |
| <input type="checkbox"/> \$10,000 Exabyte Sponsor | <input type="checkbox"/> Non-sponsorship donation in amount of \$ _____ |

Please complete the section below for the individual who should be contacted for all logistical details.

First and Last Name _____

Phone Number _____ Email Address _____

PAYMENT INFORMATION:

- Check enclosed. Please make your check payable to:

Attention: Hack This. Help Kids.
Children's Hospital of Pittsburgh Foundation
One Children's Hospital Drive
Central Plant, Floor 3
4401 Penn Avenue
Pittsburgh, PA 15224-1342

- Charge my credit card

Visa MasterCard American Express Discover

Name on Card _____

Credit Card Number _____ Exp. Date _____ Sec. Code _____

Signature _____

- Send invoice by November 1, 2018.

Please email this form along with your high-resolution logo to hackathon@chp.edu

For more information, please contact Joey Warren at 412-692-3921 or warrenje@chp.edu



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