

**Are you looking for a great cause
with which to
promote your business?**



BECOME A CORPORATE SPONSOR



**of the 6th Annual
Children's Miracle Network
RE/MAX Premier Rock-n-Ride**

**in partnership with
Loudoun Crime Commission
and the Loudoun County Sheriff's Office**

Saturday, September 8th, 2007, Ride at 9:00am. Rock at Noon.

**This event is a non-profit fundraiser to benefit the
Children's National Medical Center,
a Children's Miracle Network Hospital.**



Help us raise funds to ensure the health and welfare of children with life-threatening illnesses.

Level	RED	WHITE	BLUE	PREMIER
Donation amount	\$1,000	\$2,000	\$5,000	\$10,000
Rider entry coupons: T-shirts, Raffle tickets, Food & Drink coupons	2	4	6	20
Event & Website acknowledgement	YES!	YES!	YES!	ENTITLEMENT PARTNER
T-Shirt acknowledgement		Name on T-shirt	Name & Logo on T-shirt	PREMIER placement of Name & Logo on T-shirt
Bonus 1			Bag-stuffers (provided by you)	Bag-stuffers (provided by you)
Bonus 2				Plus forced distribution PREMIER placement of booth at Event
Bonus 3				Name & Logo on ENTITLEMENT banner
PREMIER BONUS				Customized to YOUR marketing needs

703-802-2850

www.rocknride.org

800-297-8382

SPONSOR REPLY FORM



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Saturday, September 8th, 2007, Ride at 9:00am. Rock at Noon.

Yes, please list my firm as sponsor of the CMN RE/MAX Premier Rock-n-Ride!
Please check one of the following levels of sponsorship:

- Premier Level \$ 10,000
- Blue Level \$ 5,000
- White Level \$ 2,000
- Red Level \$ 1,000

Number of years committed: This Year 2 Years 3 Years

BONUS: Multi-year sponsorship commitments at any level will get to sponsor their logo with a link to their website on RE/MAX Premier's corporate website

I can't participate on a corporate level, but would like to make a donation to the CMN RE/MAX Premier Rock-n-Ride in the amount of \$ _____

Please make your donation payable to:
RE/MAX Premier - CMN Fund

13135 Lee Jackson Memorial Highway, #115 Fairfax, VA 22033

Your Name: (as you would like it listed) _____

Company Name: (as you would like it listed) _____

Address: _____

Phone (____) _____ Fax(____) _____ Email: _____

Payment Enclosed Bill our credit card: Visa Mastercard

Name as it appears on the credit card _____

Card Number _____ Expiration Date _____

Signature _____



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