



## Run for the 65 Roses

September 22, 2008

Dear Friend,

Every year, dozens of families in the Toledo area are given the devastating news that their child has cystic fibrosis- a fatal, genetic disease of which there currently is no cure. Cystic fibrosis attacks the lining of the lungs making breathing very difficult, increases the risk of life-ending infections and creates the need for continuous breathing treatments. The *average* life expectancy is 37- a tremendous extension from a few decades ago when CF claimed most patients in grade school, but not long enough.

Thanks to the fundraising efforts of volunteers and responses from people like you- the Cystic Fibrosis Foundation has made great strides in life-saving research and treatments for CF patients.

In Fall 2009 on a date to be determined, members of the Toledo community will come together for a fantastic event, *Run for the 65 Roses* at Raceway Park. This fun evening will feature a delicious prime rib-seafood dinner, silent and live auctions, drawings, race betting tutoring and several races. The proceeds of this benefit go directly to the Cystic Fibrosis Foundation- and we are asking for your support to help us reach our goal of \$40,000.

There are many levels of sponsorship available- from the Belmont Stakes sponsorship at \$500 up to the \$5,000 Triple Crown Presenting Sponsorship, which includes 24 tickets to the event in September.

The Cystic Fibrosis Foundation prides itself on literally operating on a dime- as more than 90 percent of every dollar goes towards research and funding of accredited care centers- like the center at Toledo Children's Hospital. Be assured any contribution you make to Run for the 65 Roses, be it a sponsorship or an auction item, will go to help make CF stand for Cure Found.

Please take a moment to review the attached sponsorship page. If you have any questions, please do not hesitate to contact our CFF staff partner, Shelly Francis at 248-269-8759 or via email at [sfrancis@cff.org](mailto:sfrancis@cff.org)

We're betting you'll find this a worthwhile investment for you and your business.

Sincerely,

Kim and Bill Schwartz  
Event Co-Chairs

# Run for the 65 Roses

To benefit the Cystic Fibrosis Foundation  
Saturday, September 13, 2008  
Raceway Park, Toledo, Ohio

## Sponsorship Opportunities

**Triple Crown Sponsor** **\$5,000**

- Recognition as the Presenting Sponsor
- 24 Tickets to the Event
- Prominent Signage at Event
- Inclusion on all Press Releases and Media
- Two Full Pages in Event Program Book
- Sponsor Representative to Ride in Race Chase Car
- \$4,352 Tax Deductible

**Kentucky Derby Sponsor** **\$2,500**

- 12 Tickets to the Event
- Prominent Signage at Event
- Inclusion in all Press Releases and Media
- One Full Page in Event Program Book
- \$2,176 Tax Deductible

**Preakness Cocktail Sponsor** **\$1500**

- Six Tickets to the Event
- Logo Printed on cocktail napkins to be used at the Event
- Half- Page Acknowledgement in the Program Book
- \$1,338 Tax Deductible

**Belmont Stakes Sponsor** **\$500**

- Two Tickets to the Event
- Half- Page Acknowledgment in the Program Book
- \$446 Tax Deductible

**Individual Ticket** **\$60**

- \$33 Tax Deductible



Fall 2009  
Raceway Park - Toledo Ohio  
Benefiting the Cystic Fibrosis Foundation

**Commitment Form**

**Please Select From the Following:**

**Sponsorship Levels**

- \$5,000 – Triple Crown
- \$2,500 – Kentucky Derby
- \$1,500 – Preakness  
Cocktail
- \$ 500 – Belmont Stakes

Please Respond no later than August 15, 2009 Payment is due by December 29, 2009.

Company Name: \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Title:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name, as it will appear in event materials:  
\_\_\_\_\_

Billing Information – All checks are payable to the Cystic Fibrosis Foundation  
Enclosed is a check for the total amount \$ \_\_\_\_\_

I am unable to attend, but would like to make a tax deductible donation of \$ \_\_\_\_\_

Please charge my credit card:

- American Express  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions regarding these opportunities, please  
contact Shelly Francis at (248) 269-8759.  
Please return completed for to CFF, Metro Detroit – Northwest Ohio Chapter  
2265 Livernois, Suite 410, Troy, MI, 48083  
or Fax to (248) 362-2608