



9th Annual

Comedy Night

benefiting the Cystic Fibrosis Foundation
Greater New Jersey Chapter

THURSDAY, NOVEMBER 12, 2009

Ocean Place Resort & Spa
1 Ocean Blvd., Long Branch, New Jersey

Cash Bar & Gift Auction 6 p.m.
Dinner & Comedy Show 7:30 p.m.

Presented by



Co-Chairs
Sheryl Francisco
Clare Freda

Committee
Cindy Berardi
Mary Alice Bredehoft
Maria Cavallaro
Maureen Cokelet
Maureen Conaty
Maria Dean
Heather Harm
Ann Kirms
Christine Lake
Cassie Leonard
Mary Lucash
Jennifer McDevitt
Mary Alice Maikisch
Debbie Motto
Kim O'Boyle
Debbie Palacios
Christine Raabe
Kathy Reinecke
Cathy Scarcella
Jean Taylor
Karen Thomas
Jane Tuero
Jane Vamos
Laura Wall
Rosemary Welsh

To Earn An Invitation

The sale of six (6) raffle books* (\$120) entitles you to get a ticket to the *Comedy Night* **AT NO COST**. You can also purchase and/or solicit acknowledgements for the event journal (see other side). Each \$120 you solicit entitles you to a ticket to the *Comedy Night* **AT NO COST**.

All money, ticket stubs and unsold books must be returned by November 1st.

For additional raffle books and/or journal forms, please call the Chapter at 201-457-1800. Also, if you work for a company that has a matching gift program, please mail your form along with your donation.

About Cystic Fibrosis...

Cystic fibrosis (CF) is a genetic disease affecting approximately 30,000 children and adults. A defective gene causes the body to produce an abnormally thick sticky mucus that leads to chronic and fatal lung infections and impairs digestion. Currently, there is no cure. Scientists supported by the Cystic Fibrosis Foundation are now developing several new clinical approaches to treating CF. Help make CF stand for Cure Found!

Event Director
Toni Bauman

Because of risks to people with cystic fibrosis (CF), individuals with a confirmed positive sputum culture for *Burkholderia cepacia* complex **shall not attend** this event. This is because *B. cepacia* can be passed between individuals who have CF through close proximity. *B. cepacia* infection in a person with CF can cause serious respiratory illness and, in some patients, may lead to death. Despite this policy, there might still be some individuals with *B. cepacia* in attendance. *B. cepacia* is not a risk for otherwise healthy individuals. For alternative ways to participate and for information about this policy, please contact the CF Foundation at **(800) FIGHT-CF** or visit our web site at www.cff.org. Consult your CF care center physician with medical questions.

Make checks payable to: **Cystic Fibrosis Foundation**

*Raffle tickets are not tax-deductible

*Fair market value of the event is \$41 a person



...adding tomorrows every day.

2 University Plaza, Suite 312 Hackensack, NJ 07601
Phone: 201.457.1800 FAX: 201.457.1898
Web-site: www.cff.org Email: new-jersey@cff.org



Cystic Fibrosis Foundation's
9th Annual
COMEDY NIGHT

- | | | | |
|--|---------|---|-------|
| <input type="checkbox"/> Cover (inside front, inside back, outside back) | \$1,500 | <input type="checkbox"/> Half Page (Black/White 4.5 x 3.75) | \$180 |
| <input type="checkbox"/> Gold & Color Full Page | \$ 750 | <input type="checkbox"/> Quarter Page (Black/White 4.5 x 1.785) | \$100 |
| <input type="checkbox"/> Color Full Page | \$ 500 | <input type="checkbox"/> Listing (one line) | \$ 60 |
| <input type="checkbox"/> Full Page (Black/White 4.5 x 7.5) | \$ 300 | | |

Other sponsorship opportunities available upon request.

DEADLINE: OCTOBER 16, 2009

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- The copy for my acknowledgement appears below. (Please type copy and submit artwork)
 - The copy for my acknowledgement will be e-mailed to tbauman@cff.org.
 - Instead of an acknowledgment, please list my name on your contribution list.
 - I do not want my name listed as a contributor.

Print copy for your acknowledgement here:

-
- My check made payable to the Cystic Fibrosis Foundation is enclosed.
 - Please bill my: (please circle one) Mastercard Visa AMEX Discover

My account number is: _____ Expiration Date: _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ **SOLICITED BY** _____

Tax deductible to the full extent of the law.

Please return this form and remittance to the address below.
Thank You.

Cystic Fibrosis Foundation
2 University Plaza, Suite 312
Hackensack, NJ 07601