

Holiday Cocktails for a Cure

benefiting the Cystic Fibrosis Foundation

Villa de Leon

6:00 – 9:00pm

Sunday, December 6, 2009

Sponsorship Opportunities

Red Rose Title Sponsor - \$5,000 (Limited to one)

Official Sponsor of event to be billed on all printed material, signage, and banners and in media releases as:

The Your Company Holiday Cocktails for a Cure
Benefiting the Cystic Fibrosis Foundation

- ❖ Company Prominently Listed on Over 1,000 Invitations
- ❖ Back Cover Acknowledgement in Event Program
- ❖ Company Name and Logo Prominently Listed in Event Program
- ❖ Most Prominent Recognition at the Event – All Posted Materials will Read:
The Your Company's Name
Holiday Cocktails for a Cure
- ❖ Company Prominently Listed in All Press Releases
- ❖ Admission to the Event– 14 Guests
- ❖ Tax Deductible Amount \$4,580.00

White Rose Presenting Sponsor - \$3,000 (Limited to three)

- ❖ Company Listed on Over 1,000 Invitations
- ❖ Inside Front Cover Acknowledgement in Event Program
- ❖ Company Name Listed in Event Program
- ❖ Company Name will be Posted at Registration and will Read:
Holiday Cocktails for a Cure
Presented by Your Company's Name
- ❖ Company Prominently Listed in All Press Releases
- ❖ Admission to the Event – 10 Guests
- ❖ Tax Deductible Amount \$2,700.00

Pink Rose Registration Sponsor - \$2,500 (Limited to one)

- ❖ Company Listed on Over 1,000 Invitations
- ❖ ½ Page Acknowledgement in Event Program
- ❖ Company Name Listed in Event Program
- ❖ Company Name will be Posted at Registration and will Read:
Registration Sponsored by Your Company's Name
- ❖ Admission to the Event – 8 Guests
- ❖ Tax Deductible Amount \$2,260.00

Yellow Rose Raffle Sponsor - \$2,500

- ❖ Company Listed on Over 1,000 Invitations
- ❖ ½ Page Acknowledgement in Event Program
- ❖ Company Name Listed in Event Program
- ❖ Company Name will be Posted at Registration and will Read:
Raffle Sponsored by Your Company's Name
- ❖ Admission to the Event – 8 Guests
- ❖ Tax Deductible Amount \$2,260.00

Coral Rose Cocktail Sponsor - \$2,500 (Limited to one)

- ❖ Company Listed on Over 1,000 Invitations
- ❖ ½ Acknowledgement in Event Program
- ❖ Company Name Listed in Event Program
- ❖ Company Name will be Posted at Registration and will Read:
Cocktails Sponsored by *Your Company's Name*
- ❖ Admission to the Event – 8 Guests
- ❖ Tax Deductible Amount \$2,260.00

Purple Rose Hors' D'ouvres Sponsor - \$2,500 (Limited to one)

- ❖ Company Listed on Over 1,000 Invitations
- ❖ ½ Acknowledgement in Event Program
- ❖ Company Name Listed in Event Program
- ❖ Company Name will be Posted at Registration and will Read:
Hors' D'ouvres Sponsored by *Your Company's Name*
- ❖ Admission to the Event – 8 Guests
- ❖ Tax Deductible Amount \$2,260.00

Crimson Rose Auction Sponsor - \$2,500

- ❖ Company Listed on Over 1,000 Invitations
- ❖ ½ Acknowledgement in Event Program
- ❖ Company Name Listed in Event Program
- ❖ Company Name will be Posted at Registration and will Read:
Auction Sponsored by *Your Company's Name*
- ❖ Admission to the Event – 8 Guests
- ❖ Tax Deductible Amount \$2,260.00

Rose Bud Corporate Sponsor - \$1,500 (Unlimited sponsorship level available)

- ❖ Company Listed on Over 1,000 Invitations
- ❖ Acknowledgement in Event Program
- ❖ Company Name Listed in Event Program
- ❖ Company Name will be Posted at Registration and will Read:
Sponsored by *Your Company's Name*
- ❖ Admission to the Event – 6 Guests
- ❖ Tax Deductible Amount \$1,320.00

Rose Sponsor Host Committee - \$300 Per Couple

- ❖ Names Listed on Over 1,000 Invitations
- ❖ Names Listed in Event Program
- ❖ Admission to the Event – 2 Guests
- ❖ Tax Deductible Amount \$240.00

Individual Reservations - \$100 (Limited Number Available)

- ❖ Please indicate number of individual reservations desired _____.
 - ❖ Tax Deductible Amount \$70.00
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Holiday Cocktails for a Cure

_____ Yes, we will support the Holiday Cocktails for a Cure at the _____ sponsorship level.

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail Address _____

Method of Payment _____ Check _____ Credit Card _____ Invoice Me _____

Credit Card Number _____ Exp Date _____

Signature _____

_____ We are unable to attend, but please accept our contribution of \$_____.

Please make checks payable to
the *Cystic Fibrosis Foundation* and return to:
Cystic Fibrosis Foundation
Attn: Shannon O'Fallon
1008 Winscott Road, Suite B
Fort Worth, TX 76126
817-249-7744
817-249-7780 Fax