



2011 Sponsorship Opportunities

Start/Finish Sponsor \$5,000

- Opportunity for company to cheer walkers at start/finish line
- Distribution of company branded giveaway at start/finish line
- Event day-of signage

Kid's Corner \$2,500 (Limit 2)

- Opportunity for company to set up and provide children's activity (guidelines provided)
- Event day-of signage

Rest Stop \$2,500 (Limit 3)

- Opportunity for company to cheer walkers at water station
- Distribution of company product samples and giveaways to walkers
- Event day-of signage

Mile Marker Sponsor \$1,000

- Opportunity for company to have their logo printed on all mile markers along the route

Friend of the Foundation \$500

- Opportunity for company name to be listed on Friends of Foundation Board at walk

BLOW
AWAY
CYSTIC
FIBROSIS
2011



What is Cystic Fibrosis?

Cystic Fibrosis (CF) is a life-threatening genetic disease that affects the lungs and digestive systems of approximately 30,000 children and adults in the United States . It is estimated that more than 10 million Americans are unknowing, symptomless carriers of the defective CF gene which means they are at greater risk for having a child with the disease.

Cystic Fibrosis Foundation

The mission of the Cystic Fibrosis Foundation, a nonprofit donor-supported organization, is to assure the development of the means to cure and control cystic fibrosis and to improve the quality of life for those with the disease.

Great Strides Georgia

Great Strides Georgia is the largest fundraising event the CF Foundation holds in the state.

- Attracts thousands of participants across the state
- Twelve Great Strides walk sites throughout Georgia
- In 2010, over \$1.2 million was raised to fund cystic fibrosis research



Start/Finish Sponsor \$5,000 Kid's Corner \$2,500 Rest Stop \$2,500 Mile Marker Sponsor \$1,000

Friend of the Foundation \$500 Please designate my sponsorship towards team: _____

Sponsor Contact Information:

Company Name: _____

Contact Name: _____ Contact Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email Address: _____ Web Address: _____

Method of Payment:

Check Enclosed (payable to Cystic Fibrosis Foundation)

Please Invoice Me

Credit Card Payment: American Express VISA MasterCard Discover

CC #: _____ Exp. Date: _____ 3 or 4 digit security code: _____

Signature: _____