



2009 Lutheran Health Network Wine Opener
Saturday, November 21st - Tower Bank, Downtown Fort Wayne
 Sponsorship Commitment Form

2009 Sponsorship Opportunities

_____ Presenting Sponsor	\$10,000	_____ Cabernet Sponsor	\$1,500
_____ VIP Sponsor	\$7,500	_____ Shiraz Sponsor	\$800
_____ Event Sponsor	\$5,000	_____ Merlot Sponsor	\$500
_____ Champagne Sponsor	\$3,000	_____ Chardonnay Sponsor	\$300
_____ Zinfandel Sponsor	\$2,500	_____ Marketplace Sponsor	\$300
_____ Restaurant Tasting Station			

CONTACT INFORMATION

Name of Company/Foundation: _____
(how it should appear for sponsor recognition)

Name of Contact Person: _____

Mailing Address: _____

City: _____ ST: _____ Zip Code: _____

Email Address: _____

Phone: _____ Fax: _____

Billing & Payment Information:

Amount of Sponsorship \$ _____ Full Payment Enclosed Send Invoice Bill Credit Card

Visa MC Card No.: _____

AmEx Disc. Exp. Date: _____ Card Holder's Name: _____

Billing Address: _____

Please make checks payable to the **Cystic Fibrosis Foundation**
 and return by **October 31, 2009** to:
 1261 W. 86th Street, Ste. E-2
 Indianapolis, IN 46260
 Phone: 1.800.622.4826 Fax: 317.202.9215