



## 2010 Commitment Form

___	<b>TITLE SPONSOR</b>	<b>\$50,000</b>
___	<b>PRESENTING/DIAMOND</b>	<b>\$25,000</b>
___	<b>GRAND SLAM CHARTER</b>	<b>\$15,000</b>
___	<b>STANDARD CHARTER</b>	<b>\$10,000</b>
___	<b>SINGLE ENTRY</b>	<b>\$1,500</b>
___	<b>SPONSOR</b> _____ (Indicate event component)	<b>\$10,000</b>
___	<b>SPONSOR</b> _____ (Indicate event component)	<b>\$5,000</b>

Contact Person \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Boat Name \_\_\_\_\_ Make/Length \_\_\_\_\_

Anglers \_\_\_\_\_

\_\_\_\_\_

Charge \_\_ AMX \_\_ Visa \_\_ MC \_\_ Discover Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

**The US Dept. of Treasury recognized the Cystic Fibrosis Foundation as tax-exempt under section 501 (c)(3) of the IRS code effective Nov. 1957. Group exemption number - 1339.**

A COPY OF THE OFFICIAL REGISTRATION (# CH956) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

### **Cystic Fibrosis Foundation**

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