SPONSORSHIP OPPORTUNITIES (Please list guest names on reverse side) **\$100,000 \$10.000** Research study in your name One table of ten with preferred seating Two tables of ten with premier seating Recognition at the event and in post-event publicity Recognition at the event and in event publicity **\$5,000** One table of ten with special seating **□** \$50,000 Recognition at the event and in post-event publicity Two tables of ten with premier seating Recognition at the event and in event publicity **\$2,500** Five tickets to the event with special seating **\$25,000** Acknowledgement in the event program One table of ten with premier seating Recognition at the event and in event publicity **\$1.000** Two tickets to the event **\$15,000** Acknowledgement in the event program One table of ten with preferred seating ☐ Please reserve tickets at \$300 each Recognition at the event and in post-event publicity ☐ I'm unable to attend but would like to make a tax-deductible gift of \$______ ☐ Check payable to the **Cystinosis Research Foundation** is enclosed Charge my □ VISA □ MasterCard □ American Express Card Number Expires Name on Card Company City/State/Zip _____ Phone Number Email

100% of the funds raised support cystinosis research. Your gift is tax deductible. The Cystinosis Research Foundation is a non-profit entity pursuant to Section 501(c)3 of the Federal Tax Code. Tax I.D. number 32-0067668

Value received is \$125 per attendee.

List your name or company as you would like to be recognized

CXSTINOSIS RESEARCH FOUNDATION						

GUESTS (Use separate speet if necessary)

We encourage you to bring others who would like to learn more about Natalie's Wish and cystinosis.

