

Please join us
Saturday, March 3, 2012
 for a special event to benefit the
Cystic Fibrosis Foundation
6:30 pm to 1:00 am
 at the
Washtenaw Farm Council

5055 Ann Arbor Saline Road, Ann Arbor MI

Come as you are or dust off your Hawaiian shirt and hula skirt.

Again this year...

50/50 Drawing, Silent Auction & Drawing Items.

Admission

\$40.00 per person (\$30 tax-deductible). Pre-payment required.
 Reserve a round table for eight for \$400 (\$40 tax-deductible per person).
 OR become a **BIG KAHUNA** Corporate Sponsor \$1,000+

Entertainment

Comedy by Eddie Foster

AND back by popular demand....

LIVE musical entertainment by FIFTY AMP FUSE

Because of risks to people with cystic fibrosis (CF), individuals with confirmed positive sputum culture for Burkholderia Cepacia complex shall not attend this event. This is because B. Cepacia can be passed between individuals who have CF through close proximity. B. Cepacia infection in a person with CF can cause serious respiratory illness and, in some patients may lead to death. Despite this policy, there might still be some individuals with B. Cepacia in attendance. B. Cepacia is not a risk for otherwise healthy individuals. For alternative ways to participate and for information on the CF Foundation call (800) FIGHT-CF or visit our website about this policy at www.cff.org. Consult your CF care center physician with medical questions.



Fundraising Benefit

Proceeds from our "Party For Breath" hall party support the Metro Detroit Cystic Fibrosis Foundation. For more information on CFF, please contact:



Sue Collins-Schroeder
 (248) 269-8759

Metro Detroit Chapter
 2265 Livernois Suite 410
 Troy, Michigan 48083

Volunteer? Donate?

Call Wendy Beardsley 734-429-3028
 wbeards@comcast.net
 or Dan Dooley 734-429-2269
 dandooley62@comcast.net

Check out our Website

Gather information on cystic fibrosis, our event, order tickets and make donations!

www.cfpartyforbreath.com

Eats & Treats

Strolling Appetizers and BYOB!

Here's my reservation order!

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

Cash Check Credit Card: Visa MasterCard (circle one)

Credit Card Number: _____ Exp. Date: _____

Signature of Cardholder: _____

Your tax-deductible contribution will be used to support research, patient aid, education, and community service programs. Your cancelled check or credit card receipt is your tax receipt. All donations, great or small, are greatly appreciated.

Number of persons: ____ @ \$40.00 each
 Round table for eight: ____ @ \$400.00 (includes 8 tickets)
 Rectangle table for eight: ____ @ \$360.00 (includes 8 tickets)
 Big Kahuna Sponsor: ____ @ \$1,000+ (includes 8 tickets)
 Total purchase amount: \$ _____
 I'd also like to donate to the Cystic Fibrosis Foundation.
 I cannot attend but would still like to donate.
 Amount of donation: \$ _____
Total purchase and donation: \$ _____

Make checks payable to:
 Cystic Fibrosis Foundation
 Metro Detroit Chapter

Mail to: Wendy Beardsley
 932 Arboretum Dr
 Saline, MI 48176