

# At The Cerebral Palsy League Disabilities Mean Possibilities...



## Give the Gift of Possibilities!

Support the Cerebral Palsy League's  
14<sup>th</sup> Annual 5K Breakfast Run  
on October 15, 2016  
Race Start Time: 9:30 am

**To be a Sponsor, Volunteer or Runner  
Call 908-709-1800 Ext. 1128**

The Cerebral Palsy League, Inc.  
61 Myrtle Street, Cranford, NJ 07016  
[www.theclinc.org](http://www.theclinc.org)

# About Us...



**Our Organization:** The Cerebral Palsy League (CPL) was formed more than 60 years ago. It is located at 61 Myrtle Street in Cranford, NJ.

**Our Mission:** CPL is dedicated to providing a variety of high quality programs and services to assist individuals with developmental disabilities and improve their quality of life.

**Our Event:** The CPL 5K Breakfast Run is a fundraising event benefitting our organization. Every year this event brings together more than 200 runners, families and community leaders for a fun and worthwhile cause.

## You can make a difference...

### Sponsorship Levels: (Please check one)

- Event Sponsor \$5,000 or more:** Recognition as the "Official Sponsor" throughout the event. A company table and acknowledgments during announcements and awards ceremony. A mile marker placed along the 5K run and T-shirts with your company name.
- Breakfast Sponsor \$2,500 or more:** Recognition in the breakfast area of the event. Company name mentioned during awards ceremony and T-shirts with your company name.
- Finish Line Sponsor \$1,500 or more:** Recognition at the finish line. Your company mentioned during the awards ceremony. T-shirts with your company name.
- Water Station Sponsor \$1,000 or more:** Recognition at the water station. Your company mentioned during the awards ceremony. T-shirts with your company name.
- Mile Marker Sponsor \$500:** A mile marker placed along the 5K Run and T-shirts with your company name.
- Other Contribution of \$** \_\_\_\_\_

Company: \_\_\_\_\_ Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Payment Enclosed

Credit Card Type: \_\_\_\_\_ Credit Card#: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail to: Cerebral Palsy League, 61 Myrtle Street, Cranford, NJ 07016