ABOUT THE EVENT

More than 200 riders escape the bustle for a weekend pedaling over rolling hills through northern Illinois into southern Wisconsin. With a One Day Ride (18, 30, or 65 miles) or a Two Day Ride (135 miles), all experience levels are welcome.

Not interested in riding? We still have plenty of opportunities to promote to a group of like-minded individuals while giving back to your community.

For over 28 years, CowaLUNGa™ Charity Bike Tour has raised millions to support Respiratory Health Association’s lung disease research, clean air policy work and health education programs.

RESPIRATORY HEALTH ASSOCIATION

A public health leader in metropolitan Chicago since 1906, today we address asthma, COPD, lung cancer, COVID-19, tobacco control and air quality through education, research and policy change. Proceeds from Hustle support RHA’s efforts including:

- Developing resources for families affected by long-COVID, which continues to affect hundreds of thousands of people in the US.
- Returning to classrooms with our Fight Asthma Now© program to help students living with asthma.
- Awarding 57 lung health research grants totaling over $3.7 million since 1998. In the past 5 years, grants have focused on lung cancer, chronic obstructive pulmonary disease (COPD), and idiopathic pulmonary fibrosis (IPF).
RHA’S CHARITY BIKE TOUR
AUGUST 3 - 4, 2024

MEDIA COVERAGE
RHA promotes CowaLUNGa™ to media contacts across the Chicago and Southern Wisconsin area, which has led to story placements in publications like the Daily Herald. Additionally, live event coverage on RHA’s social media channels, as well as pre- and post-event promotion, reaches thousands of our supporters and their networks.

PARTICIPANT DEMOGRAPHICS
CowaLUNGa™ riders represent an appealing buyer demographic:
- Participants range in age from 5 - 75.
- Participants travel to ride from 8 different states across the USA.
- Male to female ratio is 5:3
- 52% of riders are impacted by lung disease and are personally connected to RHA’s mission.

“The money raised at CowaLUNGa™ can saves lives.”
Mark Gershon, Polsinelli, Corporate Sponsor
COWALUNGA™ CHARITY BIKE TOUR 2024 SPONSORSHIP

<table>
<thead>
<tr>
<th>Diamond Sponsor ($7,500)</th>
<th>Platinum Sponsor ($5,000)</th>
<th>Gold Sponsor ($2,500)</th>
<th>Silver Sponsor ($1,000)</th>
<th>Bronze Sponsor ($500)</th>
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<tbody>
<tr>
<td>Social media mention(s) on Facebook &amp; Instagram</td>
<td>Boosted + LinkedIn</td>
<td>Boosted + LinkedIn</td>
<td>+ LinkedIn</td>
<td>●</td>
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<tr>
<td>Logo &amp; link on event website</td>
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<td>Logo &amp; link in event email blasts</td>
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<tr>
<td>Naming rights for event component (e.g. The COMPANY AM Rest Stop)</td>
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<tr>
<td>Name inclusion in start line announcements</td>
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<td>Complimentary ride spots available for discussion</td>
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<tr>
<td>Logo inclusion in Illinois Ride Guide &amp; Wisconsin Bike Federation ads*</td>
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<tr>
<td>Logo on event signage or banners</td>
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<tr>
<td>Logo on event postcards*</td>
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<tr>
<td>Logo on event shirts*</td>
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<td>Logo on event medals*</td>
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<td>Name inclusion in press releases</td>
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<tr>
<td>Exclusivity in your sector</td>
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All sponsorship packages can be customized to your company’s marketing objectives and the availability of the sponsorship benefits at the time. In-kind value may be substituted for cash sponsorship upon discussion.

*These benefits are subject to availability as we move closer to the event date.
COWALUNGA™ CHARITY BIKE TOUR 2024
SPONSORSHIP COMMITMENT FORM

I would like to support as a:

☐ Diamond Sponsor | $7,500
☐ Platinum Sponsor | $5,000

☐ Gold Sponsor | $2,500
☐ Silver Sponsor | $1,000

☐ Bronze Sponsor | $500

Contact Information
Name: ____________________________ Company: ____________________________
Address: ____________________________ City/State/Zip: ____________________________
Phone: ____________________________ Email: ____________________________

Gift Information
☐ Enclosed is a check made payable to Respiratory Health Association
☐ Please submit an invoice to: ____________________________
☐ Please charge my credit card: VISA MASTERCARD AMEX DISCOVER
Credit Card #: ____________________________ Expiration Date: ________ CVC: _____
Cardholder Name: ____________________________ Authorized Signature: ____________________________

Please complete and return this form to:
Respiratory Health Association | Attn: CowaLUNGa | 1440 W. Washington Blvd. | Chicago, IL 60607
or submit via email to specialevents@resphealth.org

**Benefits are subject to availability as we move closer to the event date**