

*For reservations to the 37th Annual Luncheon, please respond by September 15th.
Space is limited. Reservations are \$175 per person.*

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Cell _____

___ I will attend

___ \$1,000 Benefactor includes 1 ticket and sponsor recognition

___ \$500 Patron includes 1 ticket and sponsor recognition

___ \$250 Sponsor includes 1 ticket and sponsor recognition

___ \$175 Contributor includes 1 ticket

___ I am unable to attend, but would like to make a charitable gift in the amount of _____.

___ Check (Please make checks payable to **Pediatric Cancer Foundation**).

___ Master Card ___ Visa ___ American Express

Account Number _____ Exp. Date _____

Signature _____

PLEASE PRINT YOUR SEATING REQUESTS ON THE BACK OF THIS CARD

The amount of your payment that represents a charitable contribution is the excess of \$45 per person.

A copy of our latest annual report is available upon request.

Organization and IRS information available through guidestar.org. Visit our website: www.pcfweb.org

