

18th Annual Race for the Cure Kick Off

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

e-Mail: _____

I will attend. Number attending: _____ Amount enclosed: _____

Charge my: Visa

MasterCard

Credit Card Number: _____ Expiration Date: _____

Name of Card Holder: _____

Signature: _____

The names of my guests are on the back of this card.

I will not attend. Enclosed is my tax-deductible contribution.



RSVP by Tuesday, February 2, 2010.

Names of my guests (please print):
