

4TH ANNUAL DINNER TICKETS

Please reserve _____ adult tickets at \$100.

Please reserve _____ student tickets at \$75.

We are unable to attend but wish to contribute
\$_____ to go toward cancer research.

Name _____

Address _____

Email _____

(Names of guests at your table can be listed on reverse side)

Make checks payable to Kicks for a Cure
and return with this card.

Kicks for a Cure | C/O Mary Jo Langdon

P.O. Box 241603 | Omaha, NE 68124

Call Mary Jo Langdon at 397-5615 with questions

LASTING TRIBUTE - Help ^{US} Kick Cancer.

Please join us in paying tribute to those whose
lives have been affected by cancer. We'd
also encourage you to honor the caretakers,
researchers, doctors, nurses, teachers and
anyone active in the fight against this disease.

Please accept \$25 \$50 \$____

in memory of _____

Please accept \$25 \$50 \$____

to honor _____

(Additional names and amounts can be listed on reverse side)

Honorees will be acknowledged in this year's
program, as well as being added to the Kicks
for a Cure Honorees Banner with those honored
in previous years. Feel free to honor people more
than once. And remember, your legacy lives on.