

Names of guests at your table:

Additional names

Please accept \$25 \$50 \$ _____

in memory of _____

Additional names

Please accept \$25 \$50 \$ _____

to honor _____



5TH ANNUAL DINNER TICKETS

Please reserve _____ adult tickets at \$100.
((\$70 tax deductible)

Please reserve _____ student tickets at \$75.
((\$55 tax deductible)

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 or use one of
the following credit cards:

Mark one: Visa MasterCard
 Discover American Express

Credit Card # _____ Exp. Date _____/____

Security Code _____ Signature _____

Kicks for a Cure | C/O Cindy Leiferman

P.O. Box 241603 | Omaha, NE 68124

Call Cindy Leiferman at 393-7733 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.