



PLAY FOR THE CURE GAME DAY
CARDS SPONSORSHIP AND TICKET OPPORTUNITIES
Monday, June 17, 2019 - Exmoor Country Club, Highland Park

LUNCH WILL BE SERVED AT 12:00 p.m.
CARD PLAY WILL BEGIN AT 1:00 p.m.

Sponsorship Opportunities

\$2,000 Splash Sponsor

- One (1) card table for four (4) card players
- Lunch, cocktail reception and dinner for four (4) people
- Name recognition on card table signage

\$1,500 Bids, Kongs And Pongs Sponsor

- One (1) card table for four (4) card players
- Lunch for four (4) people
- Name recognition on (1) card table sign

Ticket Opportunities

\$350 Canasta, Mahjong, or Bridge Card Ticket

- Card ticket for one (1) card player
- Lunch, cocktail reception and dinner for one (1) person

\$250 Canasta, Mahjong, or Bridge Card Ticket

- Card ticket for one (1) card player
- Lunch for one (1) person

For Game Day inquiries and sponsorship questions, contact Kristen Wuerl at kristen.wuerl@nm.org or 312.694.1465





Cards Sponsorship and Ticket RSVP

Kindly complete the form and return to the Lynn Sage Cancer Research Foundation via one of the methods listed below. Alternatively, you can complete a similar form online at <https://lynnsage.org/events/play-for-the-cure/>

Sponsorship Level

- \$2,000 SPLASH SPONSOR (4 players)**
Please let us know how many of your guests plan to attend dinner _____
- \$1,500 BIDS, KONGS AND PONGS SPONSOR (4 players)**

Name to use for sponsor recognition _____

- Please check here if you prefer not to be recognized for your sponsorship

Individual Ticket(s)

- \$350 CANASTA, MAHJONG, OR BRIDGE CARD TICKET(S)** _____
Please let us know how many of your guests plan to attend dinner _____
- \$250 CANASTA, MAHJONG, OR BRIDGE CARD TICKET(S)** _____

Preferred Card Game

- CANASTA
- MAHJONG
- BRIDGE

Player Name:		E-mail:	
Player Name:		E-mail:	
Player Name:		E-mail:	
Player Name:		E-mail:	

Additional Support

- I/WE WOULD LIKE TO MAKE A DONATION \$ _____

Payment Options

- Enclosed is my check made payment to:
Lynn Sage Cancer Research Foundation
- Please send me an invoice
- Please charge my credit card in the amount of \$ _____

Name:							
Address:							
City, State, Zip:							
Phone:				E-mail:			
Credit Card Number:				Expiration Date:			
				CID:			
Cardholder Name:				Cardholder Signature:			

To return this form by mail or email please send to:

Lynn Sage Cancer Research Foundation
 541 North Fairbanks Court, Suite 800
 Chicago, Illinois 60611
 Kristen.wuerl@nm.org

Kindly submit your guest names by **Friday, May 31, 2019** to Kristen Wuerl at kristen.wuerl@nm.org or 312.694.1465

