

R.S.V.P

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

RESERVATIONS

Purchase tickets online at www.kfohio.org

- I would like to participate at the _____ SPONSOR LEVEL
see back for details
- I would like to reserve _____ EVENT TICKET(S)
\$80 per person
- I would like to reserve _____ VIP TICKET(S)
\$100 per person
- I would like to purchase _____ 50/50 TICKET(S)
Need not be present to win \$5/ticket or 5 tickets for \$20
- Can not attend but would like to make a DONATION \$ _____

Total amount enclosed \$ _____

Your reservation will be held at registration under the last name of the contact.

PAYMENT

- MasterCard Visa Discover American Express
- Check *(made payable to Kidney Foundation of Ohio)*

Name as it appears on card: _____

Card Number: _____

Exp Date: _____ Billing Zip Code: _____ Security Code: _____

Payment must be received by **FRIDAY, JULY 14, 2017**