

[ ] \$1,000 Sponsorship of a table for ten with program recognition [ ] \$150 Lunch for two		
[ ] \$100 Lunch for one		
[ ] I/We would like game tickets. Numbers of tick	xets requested: ———	
Organization:	Name:	
Phone:	Email:	
Attendee Names:		
	<del> </del>	
000000000000000000000000000000000000000		
[ ] I/We are unable to attend. Please accept a dona	ation of \$	
Checks should be made payable to: University of No		
To pay with a credit card or Notre Dame FOAPAL, r	please contact Kim Kirkpatrick at (574) 631-3136 or	

A portion of your brunch payment is tax-deductible and will be donated to the Saint Joseph Regional Medical Center Foundation, RiverBend Cancer Services, and Kay Yow Cancer Fund. You will receive a letter of acknowledgment for your donation.

Kimberly.Kirkpatrick.18@nd.edu.