The Judith A. Lese Breast Cancer Foundation, Inc.



"in the pursuit of education and cure for breast cancer"

Cordially invites you to our Sixteenth Annual Fundraiser Dinner Banquet

Guest Speaker

Dr. Maria R. Nunes Specialties: Oncologist, Hematologist, Internist Johns Hopkins Sidney Kimmel Cancer Center Sibley Memorial Hospital

Presentation Topic

Introduction: Triple Negative Breast Cancer and Advancements

Wednesday, July 18, 2018

Maggiano's Little Italy

5333 Wisconsin Avenue, NW Washington, D.C. 20015

6:15 p.m. Meet and Greet/Cash Bar Gabbiano and Francesca Rooms Second Floor 7:00 p.m. Dinner Banquet Room 8:00 p.m. Guest Speaker Dessert

Discounted parking rates with validated tickets for Chevy Chase Pavilion Garage

Select Contribution Tier plus \$55 Per Person (non-deductible); Each Additional Dinner Guest is \$55

Please RSVP by Saturday, July 14, 2018

Contribution Tiers

(fully deductible, except for \$55 dinner cost)

\$5,000	Trustee Tier + \$55 dinner cost
\$2,000	Guardian Tier + \$55 dinner cost
\$1,000	Sustainer Tier + \$55 dinner cost
\$500	Shielder Tier + \$55 dinner cost
\$200	Protector Tier + \$55 dinner cost

The Judith A. Lese Breast Cancer Foundation, Inc., 16012 Chester Mill Terrace, Silver Spring, MD 20906

Phone and Fax: 301-774-6719

501(c)(3) organization-non-endowed / Fed. ID No. 20-0061083

Email: LeseCancerFdn@aol.com / Website: www.judithalese.org

The Judith A. Lese Breast Cancer Foundation, Inc.

16012 Chester Mill Terrace, Silver Spring, MD 20906 / Phone and Fax: 301-774-6719 501(c)(3) organization-non endowed / Fed ID No. 20-0061083 **Email:** LeseCancerFdn@aol.com / **Website:** www.judithalese.org

2018 Fundraiser Dinner on July 18, 2018 at Maggiano's Little Italy, Washington, D.C.

Please RSVP by Saturday, July 14, 2018

Contributor's receipt for your personal records

Check Date:	Ch	eck N	To:	Check Amount:		M	emo:			
Please detach at this line and return lower portion Please send check to: The Judith A. Lese Breast Cancer Foundation, Inc.										
Please mak				Terrace, Silver Spring A. Lese Breast Cance		•				
			Contribution Tiers				Check Off Amount			
Contribution			Trustee			\$5,000				
	Deductible		Guardian			\$2,000				
	n (a tax receipt wil mailed to you		Sustainer			\$1,000				
	maned to you	,	Shielder			\$500				
			Protector			\$200				
Item	Deductibility Status		Dinner ttendees	Attendee Names (\$55/pers	5/person) Amo		nt	Total		
			Self		\$55					
Dinner			Guest		\$55					
	Not Deductible	Guest			\$55					
			Guest		\$5					
			Guest		\$55					
			Guest			\$55				
Total Check Amou										
The minimum contribution is \$255, which includes \$55 for the dinner (plus \$55 per guest to cover dinner expense).										
Sorry, I am not able to attend the dinner event on July 18, 2018. Please accept my contribution of enclosed: \$										
Your Contac	t Information:									
Name: Telephone Number:										
Address:										
E-Mail:										