



SOLDIER FIELD

I would like to support KICKS Against Breast Cancer and would like to contribute:

\$20 \$50 \$100 \$250 \$500 Other _____

**I would like to be a *Kicks Against Breast Cancer* Sponsor.
Please include me as a:**

\$1000 - Silver Sponsor \$2500 - Gold Sponsor \$5000 -Platinum Sponsor \$10,000 -Diamond Sponsor

Enclosed is my check for \$ _____.

(Sponsors will be contacted immediately to arrange for tickets and advertising opportunities.)

All contributions to *KicksAgainst Breast Cancer* benefit the Claudia Mayer Cancer Resource Center, an affiliate of the Howard County General Hospital a Member of Johns Hopkins Medicine and Children's Memorial Research Center of Chicago

All charitable contributions are tax-deductible for Federal Income purposes.

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (_____) _____ E-mail address: _____

Send completed form to:
Soldier Field Kicks Against Breast Cancer
c/o Emily Brown
1410 S. Museum Campus
Chicago, IL 60202