



**THIRD ANNUAL
CURE BREAST CANCER
GOLF CLASSIC**
WEDNESDAY, JUNE 23, 2010
MOUNTAIN RIDGE COUNTRY CLUB
WEST CALDWELL, NEW JERSEY
REMARKS BY LARRY NORTON, M.D.

Please join us for the Third Annual

CURE BREAST CANCER GOLF CLASSIC

to support research of the theory of Self-Seeding Breast Cancer
at **Memorial Sloan-Kettering Cancer Center**
under the direction of **Larry Norton, MD**

- Pink Ribbon Sponsor @ \$25,000**
One (1) foursome for golf
Eight (8) guests at reception
Two (2) participants in \$1,000,000 hole-in-one shootout
Pink Page in Ad Journal
- Strength Sponsor @ \$17,500**
One (1) foursome for golf
Four (4) guests at reception
One (1) participant in \$1,000,000 hole-in-one shootout
Full Page in Ad Journal
- Golf Foursome @ \$6,000**
Four golfers and guests at reception
- Golfer @ \$1,500 each**
Individual golfer and guest at reception
- I am unable to attend but would like to make a fully tax-deductible contribution to
The Cure Breast Cancer Foundation, Inc.

Name _____ Golf Handicap _____
(as you wish to appear in the program/ad journal)

Company/Firm _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

Morning Session Afternoon Session

Enclosed is a check in the amount of \$ _____
Please make your check payable to *Cure Breast Cancer Foundation, Inc.*

Please charge my credit card for \$ _____
 American Express Discover MasterCard Visa

Card No. _____ Exp. Date: _____

Security Code _____ Signature _____

Please respond by May 21, 2010
First come, first served. Dinner limited to 300 guests including golfers.

Please mail this completed form(s) to:
Cure Breast Cancer Foundation, Inc., 1122 Clifton Avenue, Clifton, New Jersey 07013

Or fax to: 973.473.4975



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Please list any guests information, if applicable.

Name of Golfer _____ Golf Handicap _____

Name of Guest (if attending) _____

Company/Firm _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

Name of Golfer _____ Golf Handicap _____

Name of Guest (if attending) _____

Company/Firm _____

Address _____

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