



Gilda's Club Noogie Night!

Yes, I want a Noogie!

R.S.V.P.
ASAP!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ # Attending: _____
(List names below)

I cannot attend but would like to make a donation of \$ _____

PAYMENT INFORMATION

\$75
Per Person

Please circle payment type: Check / MasterCard / Visa / AmEx

Total Amount: \$ _____

Cardholder: _____

Card Number: _____ / _____ / _____

Expiration: ____ / ____ Security Code (3 digits for most cards, 4 digits for AmEx): _____

Signature: _____

Attendee Names *please print*

Return this form to Gilda's

Fax: (608) 828-8859

E-Mail: shenshue@gildasclubmadison.org

Mail: 7907 UW Health Court, Middleton, WI 53562

