RESPONSE CARD

□ Yes, I plan to attend Celebrating Life Under the Stars Gala

- Corporate Table \$1,500 (Table of 10) (Please list guests on the reverse side of this card.
 - Any unfilled seats may be given to kidney patients and volunteers.)
- Individual tickets \$150 each _____Quantity

No, I cannot attend, but please accept this contribution of \$______ and add my name to the Honor Roll of Donors. (All Honor Roll donations received by October 3rd will be printed in the gala program).

Tickets may also be purchased on line at http://nkf2014.auction-bid.org/

Name:						
Company:						
Address:						
City, State, Zip:						
Day Telephone num	ber	: ()			
Please charge to:		Visa		Mastercard	American Express	
Account Number:					Exp. Date /	
Signature:						

Guest List

Please print the names of your guests.

Check box for vegetarian meal

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Call 800-382-9971 or email nkfi@kidneyindiana.org with any Our guests will be assigned a table, please send your guest names to us by October 3, 2014. Thank you. questions or comments.

(approximately 75 percent sponsorship donation is tax deductible.) NKFI Tax ID Number is 35-1180274

*Guests are encouraged to bring cell phones for the auction, however, a concierge will be provided in lieu of a phone.