

**Mary Babb Randolph Cancer
Center
2009 Celebration Week & Gala
Registration Form**



Name _____
Address _____
City _____ State _____ Zip _____ Phone _____
Email Address _____

Minimum contribution of \$300 per person. Additional contributions are appreciated.

Check for \$ _____ is enclosed to register _____ persons.

_____ (Company/ Organization) has made a contribution on my/our behalf for
_____ persons

Your contribution is tax deductible, except for \$175 as determined by the IRS.

Please make checks payable to the **WVU Foundation, Inc.**
Please mail checks by April 3, 2009 to be recognized in the program.

Mail to:
Development Office of Mary Babb Randolph Cancer Center
PO BOX 9300
Morgantown, WV 26506

This registration does not include hotel accommodations.

Please phone **304.293.8604** with any questions.

**Mary Babb Randolph Cancer
Center
2009 Celebration Week & Gala
RSVP card**



RSVP card

Friday, April 17, 2009

Fallingwater Excursion

10:00 am Please reserve _____ tickets at \$40 per person.

Reception Dinner and Dance

7:00 pm Number of attendees _____

Saturday, April 18, 2009

WVU Mountaineers Gold / Blue Football Scrimmage

12:30 pm Number of attendees _____

Fashion show and luncheon

1:00pm Number of attendees _____

Gala Dinner and Dance

7:00 pm

Name of Attendees _____

Special Requests and/or Dietary Restrictions:
