

Summer Garden Party!

YES! I want to be part of the cure!

Name _____ Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Reservations: \$125 per person _____

Guest Name(s): _____

Contributions: We are unable to attend, but wish to support diabetes research. We would like to contribute at the following levels:

\$25,000 \$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250 \$100

Enclosed is a check for \$ _____ (Payable to Juvenile Diabetes Research Foundation)

Please charge my credit card in the amount of \$ _____

Amex Visa Mastercard Discover

Card Number: _____ Exp: _____

Name on card: _____ Signature: _____



Dedicated to finding a cure

Please mail your form along with payment to Laurie Held, JDRF Southeastern Wisconsin Chapter, 2825 North Mayfair Road Suite 9, Wauwatosa, Wisconsin 53222

To charge by phone please contact the JDRF office. Phone: 414-453-4673 • Fax: 414-453-4919 • lheid@jdrf.org • www.jdrf.org/sewi

Please respond by July 27, 2009.