



# ThyCa: Thyroid Cancer Survivors' Association, Inc.<sup>SM</sup>

*A national non-profit 501 (c)(3) organization of thyroid cancer survivors, family members, and health professionals, dedicated to education, communication, support, awareness for early detection, and thyroid cancer research fundraising and research grants.* P.O. Box 1545, New York, NY 10159-1545

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## *Help Support Research!*

## **Become a Sponsor of the Benefit Golf Tournament**

*Honoring Susan Schmidt's successful battle with Thyroid Cancer*

Dear Friends,

Many people have asked how to support ThyCa's Thyroid Cancer Research Fundraising.

We are pleased to tell you about a special opportunity to participate by supporting the **5th Annual SCHMIDT OPEN Benefit Golf Tournament, to be held on Thursday, October 11, 2007** at South River in Edgewater, Maryland. (Shotgun start at 9:30 a.m.)

In honor of Susan Schmidt's successful battle with Thyroid Cancer and to help raise awareness and fund further research, **all proceeds will be donated to ThyCa's Thyroid Cancer Research Fund.**

Your donation of any size will be a help. To honor Susan and help sponsor the 5th Annual Schmidt Open, please make your donation check payable to ThyCa: Thyroid Cancer Survivors' Association, Inc. In the memo line, note Research Fund-Schmidt Open.

Give this form and your check to Phil Schmidt, or mail them to ThyCa Research Fund, PO Box 2327, Allen, TX 75013. ThyCa is a registered nonprofit 501(c)(3) organization, so all donations are tax deductible.

On behalf of Susan and Phil Schmidt, we thank you for your support!

*Gary Bloom* and *ThyCa's Fundraising Committee*  
Board Chair

**Yes, I want to help sponsor the 5th Annual Schmidt Open with a donation to the \_\_\_ Thyroid Cancer Research Fund**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Research Fund donation \$ \_\_\_\_\_

My check or my sponsor's check payable to ThyCa is enclosed.

Please charge my  Visa  Mastercard

Card# \_\_\_\_\_ Exp \_\_\_\_\_

Name as it appears on the Card \_\_\_\_\_

Signature \_\_\_\_\_

This gift is from me personally  On Behalf of my Company/Organization

My employer will match my gift (form is enclosed)

**THANK YOU FOR SUPPORTING OUR EFFORT TO FIND CURES FOR ALL THYROID CANCER**