



ThyCa: Thyroid Cancer Survivors' Association, Inc.SM

An all-volunteer non-profit 501 (c)(3) organization of thyroid cancer survivors, family members, and health professionals, dedicated to support, communication, and education for thyroid cancer survivors, their families, and friends P.O. Box 1545, New York, NY 10159-1545 Tax ID #52-2169434

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Help Support Research! Become a Sponsor of Omega Phi Alpha's First Caddy Shack Attack on Thyroid Cancer — Benefit Golf Tournament

Dear Friends,

We are pleased to tell you about a special opportunity to participate in Thyroid Cancer Research Fundraising by supporting the **Omega Phi Alpha's First Caddy Shack Attack on Thyroid Cancer**. This special event will be held on Saturday, April 9, 2005, at 1 p.m. at Cimмерon Trails Golf Course in Perkins, Oklahoma—4-Man Scramble, with prizes for winners. \$50 a person ticket fee includes the brisket dinner.

The net proceeds will be donated to ThyCa's Research Fundraising. Your donation of any size will make a difference. To help sponsor this Golf Tournament, please make your donation check payable to ThyCa: Thyroid Cancer Survivors' Association, Inc. In the memo line, note Research Fund-OK Golf.

Please give this form and your check to the organizers from Omega Phi Alpha at Oklahoma State University, or mail the form and your check to ThyCa Research Fund, P.O. Box 1545, New York, NY 10159-1545. ThyCa is a registered nonprofit 501(c)(3) organization, so all donations are tax deductible. If you have questions, please call call tournament volunteer Joni at 405-612-7699.

On behalf of everyone in ThyCa, we thank you for your support!

Gary Bloom
Board Chair

Joann Chaikin Eskenazi
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Yes, I want to help sponsor the Benefit Golf Tournament in Oklahoma with a donation to the

Thyroid Cancer Research Fund (papillary, follicular, Hurtle cell, variants, anaplastic)
Research Fund donation \$ _____

I plan to attend and want to reserve _____ tickets at \$50 per ticket.

Name _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ E-mail _____

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 JOINING US IN OUR EFFORT TO CURE THYROID CANCER