

GOOMBAY BASH

A Caribbean Festival to Find a Cure for Cancer

Memorial Presentation Reservation Form

Throughout the Goombay Bash, the video screens throughout the Grand Ballroom will be displaying a Memorial Presentation that will pay tribute to those who have survived their battle with cancer or to remember those who have passed from this disease. In addition, each person honored in the Memorial Presentation will be added to our slideshow that plays while people visit www.GoombayBash.com. If there are people you would like to honor in the presentation, please complete this form and return it along with your payment and photos to The H Foundation.

I would like to memorialize the following _____ people in the Goombay Bash presentation. I will donate \$25 to The H Foundation for each person that I honor in the presentation.

Name of person to be honored	Type of memorial	Photo (optional)
	<input type="checkbox"/> Memorial <input type="checkbox"/> Survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Memorial <input type="checkbox"/> Survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Memorial <input type="checkbox"/> Survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Memorial <input type="checkbox"/> Survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Memorial <input type="checkbox"/> Survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please e-mail JJandris@HFoundation.org a photo (color or black & white) for each person you are memorializing. Please be sure to include the name of the individual in the e-mail. If you prefer, you can mail your photos to the H Foundation. **Photos will not be returned if mailed.**

Please be sure to submit this form and your photos to The H Foundation by July 15th to ensure that your loved ones will be included in this tribute.

Contact information

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____ E-Mail: _____

Please indicate payment method.

_____ Credit Card: _____ AMEX _____ Discover _____ Mastercard _____ Visa

Card #: _____

Expiration Date: _____ Security Code: _____ Amount: \$ _____

Signature: _____

_____ Enclosed is my check payable to The H Foundation for \$ _____

_____ Enclosed is \$ _____ cash

Please mail or fax this form to:
The H Foundation, 60 S. LaGrange Rd., LaGrange, IL 60525
Phone 708-352-5240 Fax 708-352-0759