

# QUINN BRADY MEMORIAL



Please Join us on **April 8, 2024**, at La Quinta Country Club to enjoy a day of lunch, golf, hosted cocktails, and dinner including great prizes, auction items and speaker testimonials to support **USC Norris to MAKE CANCER A DISEASE OF THE PAST!!**

## Response Form

Name: \_\_\_\_\_  
*Last First Company*

Address: \_\_\_\_\_  
*Street Address Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card:  Visa  Mastercard  Discover  American Express

\_\_\_\_\_ *Credit Card # Expiration Date*

Check:  " I have enclosed a check payable to the USC Norris Comprehensive Cancer Center

- |  |   |
|--|---|
| <input type="checkbox"/> Program Sponsor(\$25,000)         | <input type="checkbox"/> Cocktail Sponsor (\$3,500)             |
| <input type="checkbox"/> Auction Sponsor(\$10,000)         | <input type="checkbox"/> Swing Against Cancer Sponsor (\$3,000) |
| <input type="checkbox"/> Cardinal & Gold Sponsor (\$5,000) | <input type="checkbox"/> Fight On Sponsor(\$1,000)              |
| <input type="checkbox"/> Golf Cart Sponsor(\$5,000)        | <input type="checkbox"/> Friends Of USC Norris Sponsor (\$500)  |
| <input type="checkbox"/> Lunch Sponsor (\$5,000)           | <input type="checkbox"/> Individual Golfer (\$530) x _____      |
| <input type="checkbox"/> Dinner Sponsor(\$5,000)           | <input type="checkbox"/> Dinner Reservation Only(\$100) x _____ |

UNABLE TO ATTEND -- I wish to make a donation in the amount of \$ \_\_\_\_\_

## Player Information

Player 1: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Handicap: \_\_\_\_\_

Player 2: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Handicap: \_\_\_\_\_

Player 3: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Handicap: \_\_\_\_\_

Player 4: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Handicap: \_\_\_\_\_

Please mail, email or fax form to:

**Hannah Padilla**  
 USC Norris Comprehensive Cancer Center

1441 Eastlake Avenue, Suite 8302  
 Los Angeles, CA 90089  
 Phone: 619.820.1290 Fax: 323.865.0159  
 Email: [Hannah.Padilla@med.usc.edu](mailto:Hannah.Padilla@med.usc.edu)

**Dinner Attendees:**

	Meat	Fish	Vegetarian
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The fair market value of goods and services received is \$85.00 per ticket. The remainder is a donation and is tax deductible to extent allowed by law. USC Tax Identification #95-1642394