

# ***The Judith A. Lese Breast Cancer Foundation, Inc.***



Est. 2003

*“in the pursuit of education and cure for breast cancer”*

## **Cordially invites you to our 2026 Fundraiser Dinner Banquet**

### Guest Speaker

Pouneh Razavi, M.D.  
Director of Breast Imaging  
Sullivan Center for Breast Health  
Sibley Memorial Hospital Johns Hopkins Medicine  
Washington, DC

**Tuesday, May 12, 2026**

**Maggiano’s Little Italy**  
5333 Wisconsin Avenue, NW  
Washington, DC 20015

6:15 pm Meet and Greet (Charge/Cash Bar)	7:00 pm Dinner	7:50 pm Program/Guest Speaker	8:30 pm Dessert
--	-------------------	----------------------------------	--------------------

Discounted parking rates with validated tickets for Chevy Chase Pavilion Garage

Select Contribution Tier plus \$65 Per Person (non-deductible); Each Additional Dinner Guest is \$65

**Please RSVP by Saturday, May 9, 2026**

### Contribution Tiers

(fully deductible, except for \$65 dinner cost)

Greater than \$5,000	Foundation Tier + \$65 dinner cost
\$5,000	Trustee Tier + \$65 dinner cost
\$2,000	Guardian Tier + \$65 dinner cost
\$1,000	Sustainer Tier + \$65 dinner cost
\$500	Shielder Tier + \$65 dinner cost
\$200	Protector Tier + \$65 dinner cost

The Judith A. Lese Breast Cancer Foundation, Inc.  
16012 Chester Mill Terrace, Silver Spring, MD 20906  
Phone: 240-970-5278

501(c)(3) organization-non-endowed / Fed. ID No. 20-0061083

Email: [LeseCancerFdn@aol.com](mailto:LeseCancerFdn@aol.com) / Website: [www.judithalese.org](http://www.judithalese.org)



Est. 2003

*"in the pursuit of education and cure for breast cancer"*

## ***The Judith A. Lese Breast Cancer Foundation, Inc.***

16012 Chester Mill Terrace, Silver Spring, MD 20906 / Phone: 240-970-5278

501(c)(3) organization-non endowed / Fed ID No. 20-0061083

Email: [LeseCancerFdn@aol.com](mailto:LeseCancerFdn@aol.com) / Website: [www.judithalese.org](http://www.judithalese.org)

**2026 Fundraiser Dinner on May 12, 2026 at Maggiano's Little Italy, Washington, DC**

**Please RSVP by Saturday, May 9, 2026**

**Contributor's receipt for your personal records**

Check Date: \_\_\_\_\_ Check No: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Memo: \_\_\_\_\_

Please detach at this line and return lower portion

**Please send check to:** The Judith A. Lese Breast Cancer Foundation, Inc.  
16012 Chester Mill Terrace, Silver Spring, Maryland 20906

**Please make check payable to:** The Judith A. Lese Breast Cancer Foundation, Inc.

<b>Contribution</b> [Deductible - a tax receipt will be mailed to you]	<b>Contribution Tiers</b>		<b>Check Off Amount</b>
	Foundation	> \$5,000	
	Trustee	\$5,000	
	Guardian	\$2,000	
	Sustainer	\$1,000	
	Shielder	\$500	
	Protector	\$200	

<b>Dinner</b> [Not Deductible]	<b>Dinner Attendees</b>	<b>Attendee Names (\$65/person)</b>	<b>Amount</b>	<b>Total</b>
	Self		\$65	
	Guest		\$65	
	Guest		\$65	
	Guest		\$65	
	Guest		\$65	
	Guest		\$65	
<b>Total Check Amount =</b>				

The minimum contribution is \$265, which includes \$65 for the dinner (plus \$65 per guest to cover dinner expense).

Sorry, I am not able to attend the dinner. Please accept my contribution of enclosed: \$ \_\_\_\_\_

Your Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_