



Pediatric Lyme Disease Foundation
25th Anniversary Jubilee Gala



*Location: Crest Hollow Country Club
Sunday, April 27, 2025
Ticket Reservation Form*

Name of Requestor: _____

Number of Tickets/Attendees: _____

OR

Number of Tables: _____

Kiwanis Club Affiliation (if applicable): _____

Kiwanis Division (if applicable): _____

Phone Number: _____

Email Address: _____

Preference of who to sit with (please indicate): _____

Mailing Address:

The cost per ticket is \$125 a person if you RSVP by Saturday, March 1, 2025. After this date, it will be \$135 a ticket. Tickets will be forwarded to your respective mailing address, if purchased by Friday, April 11th. After that date, you will need to pick up at the door on the day of the event.

Please direct the completed form with enclosed check made payable to "Pediatric Lyme Disease Emergency Relief Fund Foundation" to the attention of:

Joann Mardikos, Board Member/ Ticket Co-Chair
221 Brookfield Avenue
Staten Island, NY 10308

If you have any questions, please feel free to contact Joann at 718-490-6052 or joannm56@aol.com or Jeanne Egan-Canning at 516-353-8325 or post2004@att.net or Joe Aiello at 516-828-6304 or joa9014@nyp.org.