



DOOR CANCER'S 27TH ANNUAL

Spring Fling

PLEASE REPLY BY APRIL 7TH, 2026

DOOR CANCER
P.O. BOX 423 | STURGEON BAY, WI | 54235

- I PLAN TO ATTEND AND HAVE ENCLOSED A \$100 CONTRIBUTION PER PERSON.

Please list names attending on back of this card.

- I WILL NOT BE ATTENDING BUT HAVE ENCLOSED A CONTRIBUTION.

Please make checks payable to: Door CANcer

Guest list

DINNER SELECTIONS - PLEASE CHECK BOX TO THE RIGHT OF YOUR NAME

1. BACON WRAPPED TENDERLOIN
2. NORWEGIAN SALMON
3. CAPRESE PASTA

	1	2	3
NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMAIL _____			
NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMAIL _____			
NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMAIL _____			
NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMAIL _____			

*Additional guests can be listed on a separate piece of paper. Be sure to include dinner selection.
 Email addresses are to be used only to notify you of other news and/or events for Door CANcer.
 These email addresses will never be used for anything except Door CANcer business.*

