26th Annual Goldschmidt Cancer Center

Boost BBQ

Dine-in and Silent Auction
5:00 to 7:00 p.m.

Carryout available from
4:30 to 7:00 p.m.

Jefferson City Jaycee Fairgrounds
Fairgrounds Road

Tickets are $15.00 each.
Under 6 is free.
Each ticket includes two Beer Tickets and soda. (Beer limited to Adults age 21 or older.)

Thursday, August 23

Jefferson City Jaycees Fairgrounds

Goldschmidt Cancer Center
Capital Region Medical Center

In cooperation with Naught-Naught Agency & American Cancer Society.

Proceeds Benefit the Nutritional Supplement and Wigs Program Serving 19 Counties in Mid Missouri through the Patient Education and Resource Center (PERC) at the Goldschmidt Cancer Center.
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What began as a rummage sale in the back room at Naught Naught Agency 26 years ago has raised over $800,000 and provided nutritional supplements and wigs for so many cancer patients who could not afford them. A few years ago the Naughts decided to bring the Boost BBQ under the umbrella of the CRMC Foundation.

This year on August 23 is the 26th year of the Boost BBQ and we want to celebrate the accomplishments; applaud the survivors; raise even more money to help those still fighting cancer and take a moment to remember those who lost their battle, but we need your help. Please consider filling out the attached form and becoming a part of this worthwhile event.

Thank you for your support!

Purchase BBQ Tickets:
I would like to purchase BBQ tickets _____ x $15 = $________
Name________________________________________________________
Address to send tickets: _________________________________________

Become a “Booster” or “Big Wig”:
I would like to be a “Booster” _____ x $30 = $________
(cost of a case of nutritional supplement)
I would like to be a “Big Wig” _____ x 100 = $________
(cost of a wig)
If becoming a “Booster” or “Big Wig”, my sign should read:
_____________________________________________________________

Slide Show Participation:
I would like to honor/memorialize someone in the slide show _____ x $5 = $________

Payment Information:
Enclosed is my payment in the amount of $________
☐ Check
☐ Visa ☐ Mastercard ☐ American Express
Credit Card Number___________________________________________
3-Digit Verification Number on Back of Card_______________________
Expiration Date______________________________________________

Make check payable to:
Capital Region Medical Foundation
P.O. Box 1128
Jefferson City, MO 65102-1128
Tax Identification Number: 43-1506900

Become a Volunteer:
I would like to volunteer to help during the event:
Name________________________________________________________
Phone_______________________________________________________
Email_______________________________________________________