



[www.ShowdownInTheDowntown.com](http://www.ShowdownInTheDowntown.com)

**GALA DINNER & EVENING OF  
AMATEUR MMA TO**

# **KNOCK OUT KIDNEY DISEASE**

**SATURDAY @ 5:00pm  
SEPT. 26th, 2026**



**RBC PLACE  
LONDON**

The "Showdown in the Downtown" is back for another action-packed evening of fundraising to fight kidney disease with advanced research and to improve patient outcomes after solid organ transplantation. This year's event will be held: **SATURDAY, SEPT. 26th, 2026 @ 5:00pm at RBC Place London**

Sponsors of Showdown will enjoy a mingling, dining, and fight filled card for you and your valued guests complete with a silent auction and raffle.

Book your 10-person **VIP Ringside Table** or **Prestige Table** today by filling out the order form below. Both tables include a 3 course dinner, but VIP Ringside Table includes wine with dinner service.

**All funds raised will proudly support:**

- The Lilibeth Caberto Kidney Clinical Research Unit (KCRU) • London Health Sciences Foundation
- PHSS Medical & Complex Care • The Matthew Mailing Centre for Translational Transplant Studies
- The Renal Patient Assistance Fund at London Health Sciences Centre • Making Mindfulness Matter (M3)
- Fierce N Fit Special Needs Charitable Organization

**Thank you for investing in Kidney Disease Research! Please book your table today!**

**Showdown Chair**  
Dr. Faisal Rehman  
519-663-3055

**Event Manager**  
Fransee Ender - Ender & Associates  
519-641-3434

**PLEASE EMAIL THIS FORM TO: [faisal.rehman@lhsc.on.ca](mailto:faisal.rehman@lhsc.on.ca)**

Or mail cheque to: Ender & Associates, 23-14 Doon Drive, London, ON, N5X 3P4

**VIP Ringside Table**    **Prestige Table**  
\$5,000 table of 10   \$2,500 table of 10  
includes Dinner Wine

Charitable tax receipt will be issued for the maximum allowable portion of the table price.

**I cannot attend this year, but want to fight Kidney Disease with my donation of:**

\$1,000    \$500    Other \$ \_\_\_\_\_

Charitable tax receipt will be issued in full for donation.

ORDER

FORM

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_ *This name will appear on Table Signage*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone #: \_\_\_\_\_ \*Email: \_\_\_\_\_ \*email required for contact and charitable donation receipt issuing

Billing Method:  **VISA or MasterCard**    **Cheque** (payable to Knock Out Kidney Disease)

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVC# \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_