



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
Francee Ender - Ender & Associates
519-641-3434

PLEASE EMAIL THIS FORM TO: 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.

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: _____

**ORDER
FORM**