

RSVP

The favor of a reply is requested on or before September 10th.

Sunday, September 19th at 12:30 pm
Barrister Gardens, St. Clair Shores, MI

Return this completed card in the envelope provided with your payment, or for immediate registration go to the web: www.careofmacomb.com/events.php
For more information: 586.541.0033

Please hold _____ reservation(s) at \$40.00 each

Please hold _____ Friend of Care reservations at \$100.00 per 2 tickets

Sorry, I cannot attend. Enclosed is a contribution of \$_____

(Contributions maybe charged to your credit card)

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Please make checks payable to Community Assessment Referral & Education.

To pay by credit card, please register on our website (www.careofmacomb.com/events.php) or fill out the following:

Visa Mastercard Discover

Card Number _____ Expiration Date: _____ / _____

Name as it appears on the card _____

Reservations will be held at the door. Sorry, no refunds for event tickets.



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Please seat me with the following people:

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

*We will make every effort to accommodate your requests.
Ten guests will be seated at each table.