## 30th Annual Community Resource Center Fundraiser & Volunteer Recognition Banquet Saturday, November 4, 2017 at St. Joseph Mercy Chelsea Dining Room

| Saturday,   | November 4, 201            | 7 at St. Joseph M                            | lercy Chelsea Dir          | ing Room   |
|---|----------------------------|--|----------------------------|--|
| London Broil/Mushroom Gravy & Crab Cakes<br>Alfredo Primavera - Vegetable |                            |  |                            | ning Room  |
|   |                            |  |                            |  |
| \$50 per dinner donation x n  |                            | = \$ total e                                 |                            | October 6th.   |
| Name(s):  | •                          |  |                            |  |
| Address:  |                            | Cit  | ty                         | Zip  |
| Phone:  |                            | Email  |                            |  |
| Organization/Table Group Name   | :                          |  |                            |  |
| Name of individuals in your group   | p <b>:</b>                 |  |                            |  |
| 12(Additional names can be recorded.                                      | 3<br>ed on a separate form | 44   | 5<br>ganization/Table Grou | up on both.)   |
| Please enclose check payable Community                                    |                            | esource Center with y<br>PO Box 433, 410 Cit |                            |  |
|   | •                          | Center Fundrais<br>7 at St. Joseph M         |                            | Recognition Banquet  |
| London Broil/Mushr  | oom Gravy & Cral           | b Cakes                                      |                            | Resource Control of the Control of t |
| Alfredo Primavera - V   | /egetable                  |  |                            | S. Control   |
| All Dinners Include: Garden Tos<br>Green Bean Almondine, Raspl            |                            | _  |                            | ELEGATING 99   |
| \$50 per dinner donation x n  | umber of dinners :         | = \$ total e                                 | enclosed                   | IVEARS   |
| EARLY BIRD  | ) RATE - \$45 per d        | inner donation whe                           | en you register by         | October 6th.   |
| Name(s):  |                            |  |                            |  |
| Address:  |                            | Ci   | ty                         | Zip  |
| Phone:  |                            | Email  |                            |  |
| Organization/Table Group Name   | ::                         |  |                            |  |
| Name of individuals in your grou  | p:                         |  |                            |  |
| 12  | 3                          | 4.   | 5                          | 1 .1 \   |
| (Additional names can be recorded)  | -                          |  |                            | up on both.)<br>d return by October 20, 2017.  |
|   |                            | PO Box 433, 410 Cit                          | •                          | •  |

□ Sorry, I am unable to attend, but have enclosed my donation to the Community Resource Center for \$\_\_\_\_\_