Shower of Love Benefit Luncheon

Mail reservation in the enclosed envelope by October 1, 2025

Make checks payable to Christ Child Society

Name:

Address:

City: State: Zip:

Phone: Email:

_____ Tickets at $75/person $_____
I wish to make an additional contribution. $_____
I am unable to attend, but enclosed is my contribution. $_____

Total Enclosed $_____

Please list guests on reverse side.

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Guest Names

Please seat me with the following guests. Tables of 10 available.
If requested, please indicate V for vegetarian or GF for gluten-free after guest name.

Host Name _____

Guests

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Please mention your employer if they provide matching funds:

_____

Questions? Please contact Mary Lee Hannan - 262-364-9135 or marylee_49@hotmail.com

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