Shower of Love Benefit Luncheon

Mail reservation in the enclosed envelope by October 1, 2025

Make checks payable to Christ Child Society

Please list guests on reverse side.

Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Email:		Phone:	Email:	
Tickets at \$75 I wish to make an addi I am unable to attend,		\$ \$ uution. \$	Tickets at \$75 I wish to make an addi I am unable to attend,	/person itional contribution. but enclosed is my contrib	\$ \$ pution. \$
Total Enclosed		\$	Total Enclosed		\$
	Please list guests on reve	rse side.		Please list guests on reve	erse side.
9	Shower of Love Benefit 1	Luncheon		Shower of Love Benefit	Luncheon
Mail reserva	tion in the enclosed envelo	pe by October 1, 2025	Mail reservation in the enclosed envelope by October 1, 2025		
Mak	ce checks payable to Christ	Child Society	Mal	ke checks payable to Christ	: Child Society
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Email:		Phone:	Email:	
Tickets at \$75 I wish to make an addi I am unable to attend,		\$ \$ uution. \$	Tickets at \$75 I wish to make an addi I am unable to attend,		\$ \$ oution. \$
Total Enclosed		\$	Total Enclosed		\$

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Mail reservation in the enclosed envelope by October 1, 2025

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Please list guests on reverse side.

Guest Names

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

Guests

Host Name _____

2	
3.	4.
5.	6.
7.	8.
9.	10.
Please ment	ion your employer if they provide matching funds:
	Guest Names me with the following guests. Tables of 10 available.
Please sea	me with the following guests. Tables of 10 available. ndicate V for vegetarian or GF for gluten-free after guest name.
Please sea If requested, please i	me with the following guests. Tables of 10 available.
Please seat If requested, please i	me with the following guests. Tables of 10 available. ndicate V for vegetarian or GF for gluten-free after guest name.
Please seat If requested, please i Host Name 1.	me with the following guests. Tables of 10 available. Indicate V for vegetarian or GF for gluten-free after guest name. Guests
Please seat If requested, please i Host Name 1.	me with the following guests. Tables of 10 available. Indicate V for vegetarian or GI [‡] for gluten-free after guest name. Guests 2.
Please seat If requested, please i Host Name	me with the following guests. Tables of 10 available. Indicate V for vegetarian or GF for gluten-free after guest name. Guests 2. 4.
Please scan If requested, please i Host Name 1. 3.	me with the following guests. Tables of 10 available. Indicate V for vegetarian or GI ¹ for gluten-free after guest name. Guests 2. 4. 6.

Guest Names

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

	Guests
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
Please mention	your employer if they provide matching funds:
Questions? Please contact N	Mary Lee Hannan - 262-364-9135 or marylee 49@hormail.con Guest Names
Please seat me If requested, please indi	Guest Names e with the following guests. Tables of 10 available. icate V for vegetarian or Gl ¹ for gluten-free after guest name.
Please seat m	Guest Names e with the following guests. Tables of 10 available. icate V for vegetarian or Gl ¹ for gluten-free after guest name.
Please seat me If requested, please indi Host Name	Guest Names c wirh the following guests. Tables of 10 available. icate V for vegetarian or GII for gluten-free after guest name.
Please scat m If requested, please indi Host Name 1.	Guest Names e wirh the following guests. Tables of 10 available. leate V for vegetarian or Gli for gluten-free after guest name. Guests
Please seat me If requested, please indi Host Name 1.	Guest Names c with the following guests. Tables of 10 available. icate V for vegetarian or GF for gluten-free after guest name. Guests 2.
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Questions? Please contact Mary Lee Hannan - 262-364-9135 or marylee 49@hormail.com