

RSVP

Please call in, mail or fax your response by July 15, to the following:

The Caring Place

4425 S. Jones Blvd., Suite 1

Las Vegas, NV 89103

tel 702.871.7333

fax 702.871.7334

www.thecaringplacenv.org

\$75 per person • \$600 per table

Please Print

Name _____

Address _____

City / State / Zip _____

Phone _____

Email _____

A check is enclosed for _____ guests to the reception.
(Please list the names of those attending below)

Please charge my credit card for _____ guests.

Check one: Mastercard VISA AmEx

Card# _____ Exp. Date _____

Name _____

(Exactly as it appears on credit card)

Billing Address _____

(Exactly as it appears on credit card statement)

I cannot attend, but have enclosed a donation to The Caring Place.

Please print the names of all guests attending.

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Thank you for your generosity and participation.