

RSVP CARD - Return reservation & payment by November 9

Please enclose \$20 per person (make checks payable to CVFRP)

Number of Guests _____ *x \$20 = Total enclosed \$* _____

Name: _____ *Phone:* _____

Position/Title: _____

Organization: _____

Address: _____ *City:* _____ *State:* _____ *ZIP:* _____

E-mail address: _____

Name of guest(s) attending the luncheon:

Contact Tim Haukeness at 715-833-8993 or tim@cvh4h.org about special dietary or other needs