

# **33<sup>rd</sup> Anniversary Dinner**

November 2<sup>nd</sup>, 2025

3:30pm – 7:30pm

**\$60.00 / person**



**Carolyn's Place**  
PREGNANCY CARE CENTER

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Number of Attendees:** \_\_\_\_\_ **Amount enclosed:** \_\_\_\_\_

*Please make checks payable to Carolyn's Place*

\_\_\_\_\_ I can not attend but please accept my donation

***Please list guests on back side of card***

## **Guest List**

*Please note any dietary restrictions.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

*Table seats up to 12 persons. We will do our best to make pleasant seating accommodations. Please contact our office for more information.*