

CAMP RESTORE FUNDRAISER – OCTOBER 13 - RESERVATION

Name(s) _____ Phone _____

Address _____
Number Street City State Zip

Email address: _____

Reservation:

_____ Tickets at \$25 = \$ _____
Additional Donation = \$ _____
Total \$ _____

Checks made payable to **Camp Restore Detroit**. Return with payment to: CRD, c/o Mt. Calvary Lutheran Church, 17100 Chalmers, Detroit, MI 48205 by **Monday, September 30, 2019**.

CAMP RESTORE FUNDRAISER – OCTOBER 13 – SILENT AUCTION DONATION

Name(s) _____ Phone _____

Item to be Donated: _____
(Basket, Gift Certificate/Card, Other)

Value of Item: \$ _____

For Baskets, please list contents:

Please contact Susan Riske – riskese@comcast.net or 586.286.0025 by October 1, 2019 if you plan to donate any items.

Thank you!