

CAMP RESTORE FUNDRAISER – OCTOBER 14 - RESERVATION

Name(s) _____ Phone _____

Address _____
 Number Street City State Zip

Email address: _____

Reservation:

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

I/we would be interested in a tour of the Camp Restore Detroit facilities at _____
on October 14th. Tours offered between 2:00 and 4:00 p.m.

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, October 1, 2018**.