

Contact Information

NAME

ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS (NCJW | MI USE ONLY)

PHONE NUMBER

Seating Information

I AM HOSTING THE FOLLOWING GUESTS:

NAME

NAME

NAME

☐ I wish to have # _____ vegetarian lunch(es).

PLEASE SEAT ME WITH:

NAME

NAME

NAME

Every effort will be made to accommodate seating requests received by October 9

Recognition Card Information

YOUR NAME

Send recognition card to:

RECIPIENT'S NAME

RECIPIENT'S ADDRESS

STATE

ZIP CODE

YOUR SPECIAL MESSAGE

HOW YOU WISH TO HAVE YOUR CARD SIGNED

SPECIAL WOMEN OF VISION RECOGNITION CARD GIVING LEVEL

Send recognition card to:

RECIPIENT'S NAME

RECIPIENT'S ADDRESS

STATE

ZIP CODE

YOUR SPECIAL MESSAGE

HOW YOU WISH TO HAVE YOUR CARD SIGNED

SPECIAL WOMEN OF VISION RECOGNITION CARD GIVING LEVEL

Payment Information

Your Name

☐ My giving level is: _____ \$ _____

☐ I am sorry I cannot attend, and will not be using my tickets

☐ My recognition card donation level is: _____ \$ _____

☐ I would like to purchase Raffle tickets # of tickets: _____ \$ _____

☐ I would like to make a contribution to NCJW | MI \$ _____

Total Donation Amount

\$

☐ I wish to cover the 3.5% credit card transaction fee

CARD NUMBER

EXPIRATION DATE

CVV CODE

SIGNATURE

☐ My check made payable to NCJW | MI is enclosed.

Mail completed forms (pages 1-3) and payment to:

NCJW | MI Women of Vision, 26400 Lahser Road, Suite 306, Southfield, MI 48033

*The fair market value of lunch is **\$50** per individual ticket.*

The remainder of your gift is tax-deductible.

***Please return these forms with your payment
by Thursday, October 9, 2025.***

**FOR MORE INFORMATION OR TO CHARGE BY PHONE,
PLEASE CALL THE OFFICE AT (248) 355-3300, EXT. 0.**

THANK YOU FOR YOUR SUPPORT!