

# 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

*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

☐ 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!***