

Be A Voice For Life

I would like to make reservations for \_\_\_\_\_ persons to attend. **Menu on back of card**

I cannot attend but would like to make a contribution of \$\_\_\_\_\_ towards your dinner goal.

I cannot attend but would like to make a monthly pledge of \$\_\_\_\_\_ for one calendar year.

I would like to put \$\_\_\_\_\_ on my  
 Visa      MasterCard      Debit

Acct# \_\_\_\_\_  
 Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

NAME: \_\_\_\_\_

STREET \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

*Please R.S.V.P. by October 29, 2009 and return to:*  
**CareNet Pregnancy Medical Center**



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Dinner provided by  
"House Blend"  
Served Family Style

**Entrées:**

Tomato & Balsamic Barbequed Pork & Chicken  
with Garlic Smashed Potatoes

**Salad:**

Tossed Garden Salad

**Vegetable:**

Tri-Color Gratin: Zucchini, Yellow Squash, and  
Roma Tomatoes, Roasted Olive Oil and a Crispy  
Crust of Parmesan and Herbed Bread Crumbs

**Dessert:**

Italian Cream Cake

Bread, Butter, Tea, and Coffee

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