

Lutheran Care Center
25th Anniversary Benefit Luncheon

TICKETS

_____ \$200 Individual Ticket

_____ \$800 Half Table for 4

_____ \$1,500 Table of 8



- I will join the CIA Experience – *Taste & Learn Tour* immediately following the luncheon.
- Dietary Restrictions: _____
- I am unable to attend but would like to support LCC with a gift of \$ _____***
- Enclosed is my check in the amount of \$ _____.
(Payable to: Lutheran Care Center)
- Please charge my credit card (information on reverse)

Name: _____

Name of Guests: _____

Billing Address: _____

E-mail: _____

Please charge my credit card \$ _____.

Card #: _____

Expiration Date: _____ *Code:* _____

Questions? Contact Sue Lynch at slynch@tlcn.org

*Donations and Sponsorships can also be made
at www.lutherancarecenter.org/celebrate*