



PLEASE RESPOND BY MARCH 30TH

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

WILL GLADLY ATTEND # OF GUESTS: _____

WILL NOT BE ABLE TO ATTEND, BUT WISH TO
MAKE A DONATION TO HELP SRS SERVE MOMS
IN NEED. AMOUNT \$ _____

PLEASE MAKE CHECKS PAYABLE TO
ST. RAYMOND'S SOCIETY



TO DONATE ONLINE VISIT SRSHHELP.ORG