

Evening of CARE 2011---Potential Host/Co-Host Response Form

The mission of The CARE Clinic is to provide quality health care to the uninsured, low income patients who live in Cumberland County, and to be a force for a healthier community.

- YES!** I want to participate as a host/co-host for *An Evening of CARE 2011*.
- No, I am unable to participate, please contact me next year.
- No, I am unable to participate.

PLEASE PRINT & INCLUDE ALL INFORMATION

HOST
NAME: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City//Zip: _____ E-mail: _____

CO-HOST
NAME: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City//Zip: _____ E-mail: _____

Please return this form by **Monday, September 27, 2010** to:
The CARE Clinic, PO Box 53438, 28305—Tel# 485-0555/Fax# 485-0111. Thank You!