

**Evening of CARE, Saturday, February 1, 2020 at 7 PM---Potential Host/Co-Host Response Form**

The mission of The CARE Clinic is to provide free quality basic health care to uninsured, low income adult patients.

\_\_\_\_\_ **YES!** I want to participate as a host/co-host for *An Evening of CARE 2020*.

\_\_\_\_\_ 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: \_\_\_\_\_

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**CO-HOST**

**NAME:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City//Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return this form no later than **Friday, October 9, 2019** to: The CARE Clinic, PO Box 53438, Fayetteville, NC 28305 Tel# 910-485-0555/Fax# 910-485-0111/e-mail: [???](#) Thank You!