

Evening of CARE, Saturday, February 3, 2018 at 7 PM---Potential Host/Co-Host Response Form

The mission of The CARE Clinic is to provide free quality basic health care to the uninsured, low income adult patients who live in Cumberland County and the surrounding areas.

- YES!** I want to participate as a host/co-host for *An Evening of CARE 2018*.
- 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 no later than **Friday, October 6, 2017** to: The CARE Clinic, PO Box 53438, Fayetteville, NC 28305 Tel# 910-485-0555/Fax# 910-485-0111/e-mail: projects@thecareclinic.org Thank You!