

RSVP *By August 29, 2024*

Name_____

Phone_____

Complimentary Member Reservation_____

Number of Guests at \$35 per person_____ (Indicate guest(s) name on back of card)

(Guests who apply for membership at this event receive \$25 of this fee applied toward membership dues)

Please make checks payable to the Visitation and Aid Society

Any questions, please contact Colette Naal (815)258-7927.