

P.O. Box 347, Metamora, MI 48455 (810) 667-2200 • (810) 667-3300, Fax

To complete your guest registration, please mail, fax, or call us with the following information:

Name: _____

Organization:	 	

Phone:			

I would like to register for the program on: _____

Date

Guest Fee: \$25

Check [] Payable to: Planned Giving Roundtable of Southeast Michigan

Credit Card #	Exp. Date/
Zip Code:	
Visa [] MC [] Disc []	
Cardholders Name:	

Signature: _____