A NIGHT TO R.E.M.EMBER

Making Memories IN MOTOWN ★ 2019 ★

Sweet Dreamzzz Inc. ℠

Sweet Dreamzzz, Inc. invites you to a celebratory evening on Saturday, October 12, 2019 at the historic Detroit Athletic Club.

We will be celebrating all that Sweet Dreamzzz has accomplished over the past 20 years and the exciting future ahead!

We are grateful for all your support in serving economically disadvantaged children and their families. We hope that you will join us in this celebration!

DETROIT ATHLETIC CLUB

OCTOBER 12, 2019

214 MADISON STREET • DETROIT, MI 48226

The Evening Includes:
- Cocktail Reception
- Sit-Down Dinner
- Entertainment
- Heads or Tails Game

Dress:
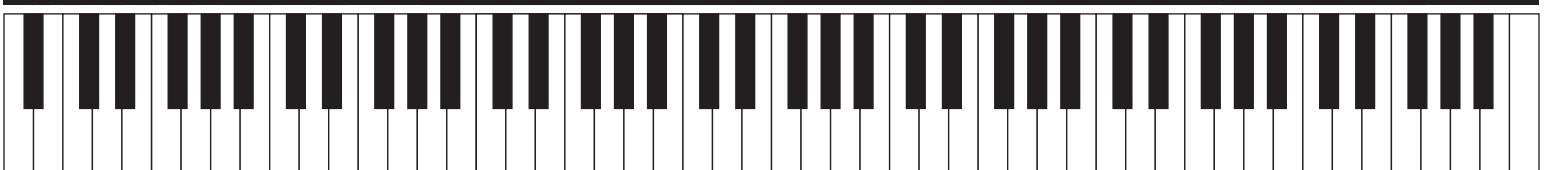- Classic Cocktail
- Suit or Sport Coat Preferred; No Denim

Parking at Detroit Athletic Club:
- Valet $12; Self-Park in Garage $10

RSVP Online by September 27, 2019:
- https://Dreamzzz.givesmart.com

Presented by:

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

MICHIGAN LECET
LABORERS-EMPLOYERS
COOPERATION & EDUCATION TRUST

HOUR MEDIA

Laborers Local 1076 Labor Management Trust

OPERATING ENGINEERS
OE324 MICHIGAN

Sweet Dreamzzz Inc. SM

RSVP by September 27, 2019

Register Online (Strongly Encouraged)   OR   Register by Mail or Email

Visit https://Dreamzzz.givesmart.com to:

- Purchase your tickets and register your guests
- Receive text messages with event information

Print this page and mail completed form to Sweet Dreamzzz:

- PO Box 608 • Farmington, MI 48332
- events@sweetdreamzzz.org

☐ Please reserve _____ tickets @ $100/ea.

☐ Please make me a
   Table Ambassador @ $2,000.
   • Name listed in the program
   • Emcee recognition at the event
   • Tabletop ambassador recognition
   • 8 VIP tickets

☐ Sorry, I am unable to attend.
   Please accept my tax-deductible
   donation of $_____.

☐ My check for $_____ is enclosed.
   (Payable to Sweet Dreamzzz, Inc.)

☐ Please charge my credit card.
   (Visa / MC / AmEx / Discover)

Guest Information

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____ - _____

Email _____

Credit Card Billing Information

Account # _____ CVV _____

Exp. Date (MM/YY) _____ / _____ Zip _____

Name _____

Signature _____
           (Required)

Featured Meal

- Traverse City Salad
- Michigan Chicken
  (basil-havarti stuffed breast, poultry glaze, sherry wine, mushrooms)
- Michigan Apple Puff

Guest Name	Dietary Restrictions, If Any
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	