An Evening with Friends
A BENEFIT FOR BIG BEND CARES

GUEST LIST

Host Name(s): _____

If the guest wants a receipt for tax purposes, an amount will be needed:

Guest Names	Address, City, Zip	Response	Cash or Check Amount	Credit Card Amount
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		

CHECKLIST

1. Complete the Guest List as you mail Invitations.
2. Track responses as they come in.
3. Place the completed list, all checks, cash and credit card slips in the envelope provided.
4. Present the envelope at the Host Check-In Table at the Dessert reception.

Total amount included in Packet: $ _____

Total amount to be collected: $ _____

Total amount raised: $ _____

*** Collections are the responsibility of the Host.**
(Thank you again for the time, energy and support you show Big Bend Cares in our fight against HIV/AIDS.)

Big Bend Cares is a 501(c)(3) organization. "A COPY OF THE OFFICIAL REGISTRATION, CH1673, AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENFORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

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