



Women's Pregnancy Center  
of Matagorda County

**Please fill out the following information and return this RSVP card by Jan. 12th**

Table Host Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**See reverse side for opportunities to participate**

**YES, I would like to attend the "Embrace Life Banquet"!**

- YES! I want to sponsor and fill a table of 10 at \$300.
- YES! I want to help underwrite the banquet so that all the proceeds from that evening can go toward the ministry. Please accept my gift of \$\_\_\_\_\_.
- YES! I would like to attend and would like \_\_\_\_\_ seats. Please contact me to reserve these seats.
- YES! I want to take part but will be unable to attend. Please accept my gift of \$\_\_\_\_\_.
- I paid online at [www.baycitywpc.org](http://www.baycitywpc.org) \$\_\_\_\_\_

For more information, contact the Women's Pregnancy Center at 979-245-9900  
or email Danielle Springfield at [director@baycitywpc.org](mailto:director@baycitywpc.org)