



**Yes, we want to register for Patti Walker’s Retirement Gala**

Individual Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Attendees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Via Check:**  Check Enclosed

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security #: \_\_\_\_\_

Company: \_\_\_\_\_

Company Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company Representative Signature: \_\_\_\_\_

**Please make checks payable to: CONTINUUM OF CARE, INC.**

**Please mail to:** Deborah Cox  
c/o Continuum of Care  
109 Legion Avenue, New Haven, CT 06519

**or email form to:** dcox@continuumct.org

Please return by April 15, 2024 so we may include you in our press releases and other marketing materials

**Thank you for your generous support**

**Continuum of Care is a 501(c)(3) nonprofit organization - Tax ID: 06-0836524**