

# *Spiritual Enrichment Brunch*

Central Bay District United Women in Faith

March 1, 2025

First United Methodist Church, Midland, MI

Registration at 9:15 a.m. - Program at 10 a.m.

SPEAKER:

**Saralyn Temple**

**“God’s Hope for a Broken Heart”**



Saralyn Temple is the executive director at Midland's Open Door, Midland County's homeless shelter and soup kitchen. She and her husband have three adult children and live in Saginaw with their feisty Scottish Terrier MacDuff.

*Registration cost: \$15.00*

**INGATHERING:** Items for Midland’s Open Door such as Coffee, Powdered Creamer, Crackers, Ranch Dressing, and snacks.

**OFFERING:** Goes to Central Bay District Pledge

**Directions to church: First UMC 315 West Larkin St, Midland, MI**

**From the South:** Take I-75 North to Bay City area. Merge onto US10 W via Exit 162B toward Midland for 11.5 miles. Merge onto US 10 Bus W via exit 128 on the left. Pass through 1 roundabout. Go 2.6 miles. Stay straight to go onto US 10 Bus W, E. Lyon Road. Go 1.7 miles. Turn left onto Jerome Street, then take 2<sup>nd</sup> left onto West Larkin Street.

**From the North:** I 75 to US 127 South. Keep left to take US 10 E via Exit 158 toward Midland. Go 28 miles to Exit 122 toward US 10 Bus/Eastman Avenue. Turn left onto W Wackerly St. Turn right onto Eastman Ave. Go 2.5 miles Turn slight left onto W. Buttles St. Take first right onto Jerome St. Take the first left onto W Larkin St.

**From the West:** M127 to M20 east. Go 26 miles to Midland. Turn right onto West Larkin St. Go for .3 mile.

**Spiritual Enrichment Brunch** Registration Form

**Return by February 20, 2025**

**Registration Information**

Number Attending \_\_\_\_\_ times Brunch (cost of \$15.00) \_\_\_\_\_.

**Make check payable to CBDUW Faith**, and send to:

Rene Johnson, 809 Wyllys Street, Midland, MI 48642 (989-631-2378)

Questions can be emailed to [renejohnson@charter.net](mailto:renejohnson@charter.net)

Church and City \_\_\_\_\_

Contact Person \_\_\_\_\_ email contact \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Person(s) with special dietary or physical accommodations: Explain \_\_\_\_\_

Please list the names of the people attending:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child care is available, by request only. Please indicate the number of children, their ages and your name and phone number.

Name \_\_\_\_\_ Number of children \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Number of children \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Number of children \_\_\_\_\_ Phone: \_\_\_\_\_

**Return form by February 20, 2025**