

# ***Spiritual Enrichment Brunch***

Central Bay District United Women in Faith

February 10, 2024

St. Lukes United Methodist Church Essexville

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

**SPEAKER:**



**Rev. Anita Hahn, Holt UMC**

**“Beginning our Journey to Draw Closer to God”**

Rev. Hahn is originally from Central Illinois. There she studied to become a teacher of the hearing impaired. In 1987, she moved to Michigan. After teaching for 9 years, she was called into the ordained ministry. She and her husband, Kevin, attended United Theological Seminary in Dayton, OH. Presently they live in Holt, Michigan where she serves the community and Holt United Methodist Church. She was born a United Methodist Woman and continues to appreciate and support the ministries and the new ideas that United Women in Faith are seeking to lead us into.

*Registration cost: \$15.00*

**INGATHERING:** Items for Bay Area Women’s Center such as personal care products and paper products.

**OFFERING:** One half to Central Bay District Pledge, and one half to Legacy Fund.

## **DIRECTIONS TO ST LUKES UMC ESSEXVILLE**

**Directions:** **Coming from the north or south** on I 75, get off on Exit 162A , downtown Bay City on M-25. Go across the river, and turn left onto N. Madison Ave (M-25). Turn right onto Center Avenue (M-25). Turn left onto N. Scheurmann Road (Stars Chinese Gourmet Restaurant is on the left).

Follow Scheurmann Road/Street to 206 Scheurmann on the left, just past Sovey Court.

**From the west:** Take Rt.10 east or Rt.20 east to Bay City, and follow the directions above.

**Spiritual Enrichment Brunch**  
Registration Form

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**Return this portion**  
**By January 31, 2024**  
**Registration Information**

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

**Make check payable to CBDUWFaith**, 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 forms by January 31, 2024**