

**MICHIGAN STATE COUNCIL  
KNIGHTS OF COLUMBUS**

October 2019

TO: Diocesan Chaplains, Past State Deputies, District Deputies, State Directors, Regional Directors,  
Diocesan Directors, Grand Knights, Masters, Faithful Navigators and Insurance General Agents

Subject: State Deputy's Membership Tribute Banquet

Plans have been completed for our Membership Tribute Banquet honoring our State Deputy,  
William H. Chassé. Details are as follows:

Date: Saturday, February 29, 2020  
Place: DeCarlo's Banquet & Convention Center  
6015 East 10 Mile Road  
Warren, Michigan 48091  
Social Hour: Starts at 6pm  
Dinner: Dinner at 7:00pm with Program to follow  
Donation: \$30.00 per person

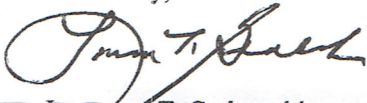
Reservations are available through the Michigan State Council Office on a first come, first served basis. A check or money order must accompany all reservation requests. Make all checks payable to the Michigan State Council/memo line – Tribute Banquet Tickets. Checks are to be mailed to the Michigan State Council Office, 6025 Wall Street, Sterling Heights, Michigan 48312. Tables for ten (10) may be reserved by individual Councils, Assemblies or groups. No tickets will be sold at the door. ADMITTANCE BY RESERVATION ONLY.

**This year there will be no Mass prior to the Banquet. Our State Chaplain encourages your Mass participation at your home parish in line with our initiative to support our parishes with our attendance and involvement.**

We hope to see as many Councils as possible represented at this event. Grand Knights, invite your Council Membership Director and his wife. In addition I encourage all the Grand Knights to invite their Council Chaplains as well.

Quick Start Awards and State Deputy Tribute Awards will be presented to those Councils that have qualified and are in attendance.

Fraternally,



Lawrence T. Grabowski  
Executive Secretary

(For Hotel Information see Enclosure)

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**MEMBERSHIP TRIBUTE BANQUET  
HONORING STATE DEPUTY, WILLIAM H. CHASSÉ  
SATURDAY, FEBRUARY 29, 2020**

PLEASE RESERVE \_\_\_\_\_ SEATS, AT \$30.00 EACH.

PAYMENT ENCLOSED FOR: \$ \_\_\_\_\_

NOTE: A TABLE WILL BE RESERVED FOR YOUR GROUP FOR EACH BLOCK OF TEN (10)  
RESERVATIONS ORDERED.

MAIL CONFIRMATION TO: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNCIL NO. \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_