

Please reserve _____ tickets @ \$40.00 each = \$ _____

I cannot attend but would like to contribute = \$ _____

Total Amount Enclosed = \$ _____

Checks made payable to:

CO-COUNTY WELLNESS SERVICES, P.O. Box 8626, Reading, PA 19603-8626

VISA MasterCard

Credit Card #

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Expiration Date

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Credit Card Customer Signature _____

Name _____ Phone _____

(PLEASE PRINT)

R.S.V.P. by May 27, 2011

Guest list available at door. No tickets will be sent.