Celebrating 50 Years
1959-2009

Reservation Form

☐ Please reserve _____ places at $50 each. *(Tables seat 8-10)*
I have enclosed $_____ .

☐ I am unable to attend, but I wish to support needed mental health awareness and suicide prevention programs in our community.
Enclosed is my special donation of $_____

RSVP with payment by April 15, 2009

Name _____
first last

Address _____

City _____ State _____ ZIP _____

Phone _____

Please list the name(s) of EACH GUEST as they would prefer to be listed on the back of this card.

Please make checks payable to: Mental Health Association of Illinois Valley, Inc.

mental health association
of illinois valley, inc.
5407 North University • Peoria, Illinois 61614
309.692.1766 • www.mhaiv.org

Guests

Example: Dr. John Smith

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Vegetarian Dinner Available Upon Request