

Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

Email _____

****Please reserve _____ place(s) at \$65 per person.**

____ I am unable to attend. Please accept my tax deductible donation of \$ _____
to help support Foundations for Wellness.

____ Check enclosed ____ Visa ____ Mastercard ____ Discover

Cardholder Name _____

Account # _____ Exp. Date _____

Signature _____

****Your contribution is tax deductible with the exception of \$35 per person.**

Reservations required by Friday, September 17, 2010.
Please make your check payable to **The Josselyn Center.**