

Endless Summer Fling - Saturday, August 14, 2010

VISA MasterCard Amex Discover Check
(Make check payable to Children's Volunteer Health Network, Inc.)

\$75.00 _____ person(s) = \$ _____

R.S.V.P. by July 30

Cancellations after August 7 are non-refundable

I am unable to attend. Please accept my donation of \$ _____

Credit Card _____ Exp. _____

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Please list names of additional attendees on the reverse side.

For more information, call 622-3200

CVHN is a 501 (c) 3 organization and contributions are tax deductible to the extent of the law.