

Brighter Futures Awards

Yes I/We will be attending the

BRIGHTER FUTURES luncheon

On Thursday, November 1, 2007

RSVP by October 15, 2007

Name: _____

Address: _____

Zip: _____

Telephone Number: _____

Agency: _____

Number of reservations _____ at \$25.00 per person.

List all attending on reverse side.

Total Amount Enclosed: _____

Make checks payable to PMHCC, INC.

Questions please contact

Gertrude Wilt 215-685-5914

List names of people sitting at your table (Tables of 10).

My City... My Place in it

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

9 _____

10 _____

Please note if special diet is required.

16th Annual My City, My Place

Brighter Futures Awards

Mental Retardation Services

701 Market Street, 5th Floor, Suite 5200

Philadelphia, PA 19106

← This is the invitation envelope



This is the RSVP envelope →

ATTN: GERTRUDE WILT
MENTAL RETARDATION SERVICES
701 MARKET STREET, 5TH FLOOR, SUITE 5200
PHILADELPHIA, PA 19106