

Mail with payment to:
Homemaker – Home Health Aide Service
376 Market Street
Beaver, PA 15009

724-774-4002

 <p>11th Annual <i>A TASTE OF BEAVER COUNTY</i> Tropical Escape</p>	
EVENT DATE: September 26, 2009	RSVP BY: September 18, 2009
<input type="checkbox"/> Please make ___ reservation(s) at \$85 per person. Enclosed is my check for \$_____.	
<input type="checkbox"/> I am unable to attend but would like to contribute \$_____ as a Patron.	
Attendee Name(s) Tables of 8 or 10 available	Tilapia Chicken
_____	<input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/>
Telephone: _____	Address: _____
Checks should be made payable to: Homemaker-Home Health Aide Service The tax deduction of each reservation is \$40.	