



Please return completed form (both sides), by July 8, to:
Labette Health Foundation
1902 South US Hwy 59
Parsons, KS 67357

Your name will be placed on a reservation list at the event.
No ticket necessary.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

For more information, please contact:
620-820-5243 or email: bwilliams@labettehealth.com

Labette Health Foundation is a 501(c)3 nonprofit organization

Check enclosed. \$25 per person
PLEASE MAKE CHECK PAYABLE TO: **Labette Health Foundation**

Please charge my credit card for \$ _____

NAME ON CARD _____

CARD NO. _____ EXP _____ CVV _____

SIGNATURE _____

Payment includes reservations for the following (please print):



I cannot attend. Enclosed is my donation to the Independence Healthcare Center Expansion