

Healing Arkansas Children!

Treatment Homes, Inc.		
Yes, I (we) will attend in honor of the Ju	unior League of Little Rock	
Yes, I (we) will attend in honor of TFC p	parents Mark & Mary Wood	ville
Yes, I (we) will attend in honor of Allan	ı Ward, Ph.D.	
Please reserve tick	eets @ \$100 each	
Please reserve table	e for 10 @ \$1000	
No, I will not be able to attend but please	e accept my tax deductible do	onation:
(1) In Honor of JLLR		\$
(2) In Honor of Mark & Mary Woody	ille	\$
(3) In Honor of Allan Ward, Ph.D		\$
(4) In Memory of		\$
(5) Donation		\$
Enclosed is my check or charge: Check_ Card #		
Signature		
Name	# of Guests	Total \$
Address	City	Zip
PhoneEm	ail	

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