

Print this form and mail it to:  
Mental Health Association In  
Putnam County Inc.  
1620 Route 22  
Brewster, NY 10509

**YES!!** I/We will attend the MHA 15th Annual Gala on October 25th.  
Please send me \_\_\_\_\_ tickets at \$75.00 each or \_\_\_\_\_ table(s) of eight at \$550.00 each.

No, I cannot attend but please accept my tax deductible contribution in the amount of \$ \_\_\_\_\_ in support of MHA's services to those with mental health needs in our community.

(all contributions will be listed in our souvenir journal)



Name: \_\_\_\_\_  
(please list additional names on reverse)  
Agency/Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
email: \_\_\_\_\_

Others attending the MHA  
15th Annual Gala are:

Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We would like to be seated with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_