

# *In Appreciation of Health Care Providers*



Date: Sunday, April 17, 2011  
Place: Pearl Country Club, Aiea  
98-535 Kaonohi Street  
Time: 10:00 AM – 2:00 PM  
Cost: \$35.00 payable to LACA

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Guest(s): \_\_\_\_\_

No. of attendees \_\_\_\_\_ x \$35 = \$ \_\_\_\_\_ Check number \_\_\_\_\_

Please indicate if you are a Health Care Provider:

\_\_\_\_\_

**Your support in one or more of the following areas will be welcome and gratefully appreciated:**

- ☐ donation of item(s) for the raffle
- ☐ monetary donation for LACA operational fund
- ☐ tax-deductible monetary support to PSHF for scholarships, Kiyoshi Minami awards and grants
- ☐ as an incoming director beginning June, 2011

**Please mail payment(s) and form by March 28, 2011 to:**

LACA Membership Social  
P.O. Box 515  
Pearl City, HI 96782