

LACA Annual Membership Social

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 _____

- If applicable, please indicate your occupation as a Health Care Provider. (Medical, dental, care facility, caregiver, nutritionist, other health occupations, etc.)

- Please submit anecdotes/photos covering your sad, happy, frightening, touching experiences while assisting in the well being and health needs of patients, family members, clients. Email rvhueu@aol.com or mail articles and photos.

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

- donation of item(s) for the raffle
- monetary donation for LACA's operational fund

Yes No

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

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



Sue and Walter Manriki, Bob Kinoshita at Hale Nani