

*The pleasure of your company is requested
at the 39th Annual
Bucks County Women's History Month Award
to honor*

Celia Sharp

*Thursday, the 8th of October,
Two thousand twenty*

*5:45 p.m. - Refreshments
6:30 p.m. - Program*

*James-Lorah Memorial Home Auditorium
132 North Main Street
Doylestown, Pennsylvania*

admission \$15 in advance, \$20 at the door

*Tours of the James-Lorah House will be provided
prior to the event from 4:45-6:00 p.m.*

I will _____ attend the reception to honor.

Celia Sharp

Number of attendees _____ at \$15 each = _____

All donations of \$30 or more (which includes one admission) received by Monday, September will be listed as a "Friend of the Event".

I will attend a tour of the James-Lorah Memorial Home. # of attendees: _____

I cannot attend, but wish to make a donation of \$ _____

Proceeds from the event are donated to a charity of honoree's choice

Name _____

Address _____

Telephone _____

E-mail _____

Please make checks payable to: BCCACW

Please mail checks to:

Marilyn Puchalski, Treasurer - WHMA

565 Wayne Drive

Southampton, PA 18966

For more information, please email

rebecca.custer77@gmail.com