

HOMECREST COMMUNITY SERVICES, INC.

1413 Avenue T, Brooklyn, NY 11229

Mailing Address: P. O. Box 290-728, Brooklyn, NY 11229-0728

Tel: (718) 376-4036

Fax: (718) 376-4124

SAVE THE DATE WEDNESDAY, SEPTEMBER 16, 2009

Dear friends and colleagues:

You are cordially invited to attend Homecrest Community Services, Inc.'s (HCS) 13th Annual Senior Health Fair on Wednesday, September 16, 2009. Our annual Health Fair has always been a great success, with over 1,000 senior participants from the neighborhood expected to attend.

The Health Fair is sponsored by Homecrest Community Services, Inc., in cooperation with local hospitals, managed care and other healthcare providers. The Health Fair will begin at 9 a.m. and end at 2 p.m., rain or shine. The location is the grounds of the Homecrest Presbyterian Church at East 15th Street and Avenue T in Sheepshead Bay, Brooklyn.

The day's program will include presentations on health and wellness topics as well as health screenings by medical personnel. The workshops will be in Chinese and English. Booths will be set up for distribution of health-related information to attendees. The Fair will be free of charge for HCS members and other seniors 60 years and older in the neighborhood.

Please let us know if your organization will co-sponsor or otherwise participate in this event. You may RSVP by returning the enclosed form to Tiphaine Tsang – Fax: 718-376-4124.

We look forward to hearing from you at your earliest convenience.

Sincerely,

Richard P. Kuo
Executive Director

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YES, we will participate in Homecrest Community Services, Inc.'s **13th Annual Senior Health Fair** on **Wednesday, September 16, 2009**, and offer to provide:

	Yes	No	Please specify
Sponsorship * _____	<input type="checkbox"/>	<input type="checkbox"/>	
Lecture Presentation _____	<input type="checkbox"/>	<input type="checkbox"/>	
Health Screening _____	<input type="checkbox"/>	<input type="checkbox"/>	
Booth _____	<input type="checkbox"/>	<input type="checkbox"/>	
Information Only _____	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____			

*Note: Suggested contribution for co-sponsorship is \$500

Your Organization Name _____

Address _____

Contact Person _____
Name Title

Telephone _____ Fax _____

Date _____

Please Make Check Payable To: Homecrest Community Services, Inc.
Mail To: Homecrest Community Services, Inc.
P.O. Box 290-728
Brooklyn, NY 11229

Please **RSVP**
Telephone: 718-376-4036
Email: tiphaine@verizon.net
Fax: 718-376-4124