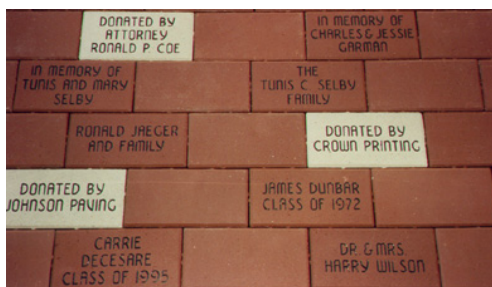




*Assistance
In Health
Care, Inc.*

*Walkway
Of Courage*

The Walkway of Courage at Cancer Treatment Centers of America in Tulsa, OK is your opportunity to honor a loved one or friend while helping cancer patients. The money goes to Assistance in Health Care, Inc., a not-for-profit volunteer organization that raises funds to help cancer patients, treating in the Tulsa area, who are struggling to meet their day-to-day financial needs like groceries, utilities or rent due to prolonged medical care.



- *Would you like to permanently honor a loved one or friend in the Walkway of Courage?*
- *Would you like for all who walk the Walkway of Courage to know you or your company/department donated towards non-medical expenses of cancer patients treated in the Tulsa area?*

Give a gift of support to cancer patients that will last for years – an engraved brick to be part of the Assistance in Health Care, Inc. Walkway of Courage.

For \$100.00, you can give a gift that will stand for years in honor of a loved one or as your enduring legacy.

_____ Yes, I'd like to show my support for Assistance in Health Care, Inc. and honor the person or organization listed on the reverse side of this form.

Return form and payment to Lana Wilson in administration at CTCA or mail to:
Cancer Treatment Centers of America
Lana Wilson, Administration
10109 East 79 Street
Tulsa, OK 74133

Assistance in Health Care is a 501(c)(3) non-profit organization and donations are tax deductible.

OVER

THANK YOU FOR YOUR ORDER!

Print message below. Each brick is limited to 3 lines of 15 characters each, including spaces and punctuation. All letters will be capitals. For multiple bricks, please use additional copies of this form. The purchase of 8 or more bricks will accommodate your company name or logo. For more information, contact Sandi Stephens at sandi.stephens@ctca-hope.com or (918) 286-5567.

Payment Type:

___ CTCA Employee payroll deduction \$5.00 per pay period
(must complete deduction form)

___ Check enclosed made payable to Assistance in Health Care, Inc.

___ Credit Card Visa MasterCard Discover American Express

Credit Card Number: _____

Expiration: _____ Name on Card: _____

Telephone No: _____

Signature: _____