



Join Us

RSVP by Friday, April 1, 2005

For more information, call 414-271-2565
or e-mail info@tccmilw.org



Hand-in-Hand

For over thirty years, The Counseling Center of Milwaukee (TCCM) has helped those we serve to take charge of their lives, connect to others, and contribute to our community. Our programs are designed to protect children, strengthen individuals and families, and improve the emotional and mental health of neighbors struggling with difficult challenges. In partnership with generous individual supporters, foundations, businesses, faith communities, and government, more than 11,000 people a year find Safety, Hope and Healing at TCCM.

Hand-in-Hand, the area's oldest and most comprehensive ongoing program, has provided sexual assault treatment and supportive services for more than 2,000 youth since its inception. Each year over 95% of these youth successfully begin their healing journey because of *Hand-in-Hand*.

The Counseling Center of Milwaukee, Inc.
2005 Annual Event



*Celebrating Success,
Hand in Hand*

Friday, April 15, 2005

Milwaukee Public Museum

Join us in celebrating our success and honoring the
2005 Community Partnership Award Recipient

Aurora Sexual Assault Treatment Center

Friday, April 15, 2005

5:30pm to 10:00pm

Milwaukee Public Museum

800 W. Wells Street

(Complimentary parking available
at MacArthur Square)

5:30pm—Registration

5:30pm to 7:00pm—Silent Auction

7:15pm to 8:15pm—Dinner & Program

8:15pm to 8:45pm—Live Auction & Raffle

8:45pm—10:00pm—Dessert, Exhibit Viewing

Visit the nationally acclaimed
PEARLS Exhibit

The Counseling Center of Milwaukee, Inc
2005 Annual Event
Celebrating Success, Hand in Hand
Friday, April 15, 2005
Milwaukee Public Museum

Please reserve ____ ticket(s) \$50.00/individual \$80.00/couple

____ I'd like to become an Event Table Sponsor for \$350.00 and receive a table sign with sponsor name, dinner seating for eight, and an event program listing

Dinner options: Chicken (option 1) Vegetarian (option 2)

List name(s) with dinner option number:

Organization _____

Address _____

City/State/Zip _____

Phone () _____ Fax() _____

E-mail _____

Please make checks payable to TCCM Annual Event
Send to: 2038 N. Bartlett Avenue, Milwaukee, WI 53202

Please bill my Mastercard Visa for \$ _____

Card Number: _____ Exp. _____

Signature _____

Register Online at www.tccmilw.org

