

REPRESENTATIVE NAME _____ DISTRICT _____

PLEASE PRINT ALL INFORMATION

\$

PAID BY: CASH

CHECK #

MC/DIS/AMX/VISA NUMBER _____ EXP. DATE _____

CARDHOLDER NAME _____

CLUB NUMBER

DONOR NAME _____

MEMBER NUMBER

ADDRESS _____

CARDHOLDER SIGNATURE _____

DESIGNATE THIS GIFT IN

MEMORY OF:

HONOR OF:

NAME AND ADDRESS OF PERSON TO BE NOTIFIED
SEND NOTIFICATION TO:

LITHOGRAPH - \$500
 I WISH NOT TO RECEIVE A RECOGNITION ITEM

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