		EASE PRINT ALL I		
	PAID BY: CASH	EASE PRINT ALL I	CHECK #	
\$	l			
MC/DIS/AMX/VISA NUMB	ER			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 P	ERSON TO BE NOTIFIE	D		
SEND NOTIFICATION TO:			LITH	OGRAPH - \$500
				H NOT TO RECEIVE A RECOGNITION ITE
REPRESENTATIVE NAME		DISTRIC	СТ	
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