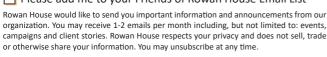
Company Name:	
Email:	
Mailing Address:	
Please	Indicate Your Desired Level of Sponsorship:
Trunk \$10,000	Leaf \$2,500
Branch \$5,000	Other: \$
Table \$800	Individual Tickets: x \$100 = \$
	<del></del>
Please	Indicate Your Preferred Method of Payment:
Please  Credit Card	
Credit Card	
Credit Card Cheque	Name on Card:
Credit Card	Name on Card:Card Number:
Credit Card Cheque	Name on Card:  Card Number:  Expiry Date:/ 3-Digit CVC Code:
Credit Card Cheque	Name on Card:  Card Number: 3-Digit CVC Code:  Postal Code Associated with Billing Address:  Signature:

Yes! I want to support the 2019 Fundraiser for Hope & Healing







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