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| Donor Organization Name: | | | | | |
| Contact Name: | | | | | |
| Mailing Address: | | | | | |
| City, State, Zip: | | | | | |
| E-mail Address: | | | | | |
| General Description of Items: | | | | | |
|  |  |  | |  | |
| For Staff Use Only | | | | | |
| Item Description | How Many? | | $ Each | | $Total Amount |
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|  | Total Donation Amount | | | |  |

