

I would like to support Ann's memory with a donation to the Clinica Ana Manganaro:

\$64.00 birthday remembrance \$100.00 \$25 \$_____

I would like to continue to contribute: annually quarterly occasionally

Please send: reminders updates on clinic information about IFCLA
(please fill in personal information on other side of this card)



438 North Skinker Boulevard St. Louis, Missouri 63130-4834 Phone 314.721.2977 Fax 314.726.6427 ifcla@ifcla.net
www.ifcla.net

IFCLA is a 501 (c)(3) tax-exempt organization

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Name _____

Address _____

City _____ State _____ Zip _____ - _____

Home Phone _____ Cell/other phone _____

Email _____

Preferred method of contact: electronic mail

Name _____

Address _____

City _____ State _____ Zip _____ - _____

Home Phone _____ Cell/other phone _____

Email _____

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