

DONATION FORM

Name _____

Address _____

City _____ State _____ Zip _____ - _____

Home Phone _____ Cell/other phone _____

Email _____

Preferred method of contact: electronic mail take me off this list

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

\$62.00 \$100.00 \$15 \$_____

I would like to continue to contribute: annually quarterly occasionally

Please send: reminders updates on clinic information about IFCLA



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