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| **Sponsors Name:** | **Address:** | **Phone Number:** | **email address:** | **# of wreaths sponsored** | **Check #** |
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| **CUT OFF DATE: November 30 2020; ALL SPONSORSHIPS MUST BE IN THE OFFICE NO LATER THAN THIS CUT OFF DATE, NO EXCEPTIONS**  Cash $: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fundraising Group#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total # Checks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total$: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    MO $: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |

GEN:

***FOR OFFICE USE ONLY:***

Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reconciled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_