

Donation Sheet

I N F O .	First Name: _____ Last Name: _____			
	E:mail: _____ Phone: _____ Alt. Phone: _____			
	Address: _____			
	City: _____ State: _____ Zip: _____			
	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> Other _____
R E L E A S E	<input type="checkbox"/> I give HVCC permission to list my name on supporter lists. <input type="checkbox"/> I do not give permission to list my name on supporter lists.		<input type="checkbox"/> Please keep me informed of HVCC events and offers. <input type="checkbox"/> Please do not inform me of HVCC events and offers.	
	[Signature]		[Date]	

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