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Every gift is greatly appreciated!

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Please ask your employer if they will match your gift.

Expiration: _____ CRV# _____

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Use my gift for: Medical Dental Capital Campaign Use where needed most

___ Please make my gift a Monthly Donation. You may charge my credit card every month with this same amount.

___ I would like my gift to be anonymous and not mentioned in any Tulip Tree publications.

If you mail a donation, please print & complete this form and enclose with your gifted amount.