

GUJARATI SAMAJ Of GREATER AUSTIN

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DONATION APPLICATION

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Applicant's Name: Spouse's Name (If applicable) Address:	_____ (Last) (First) (Middle) _____ (Spouse's Name) _____ Street Apt# _____ City State Zip Phone#: () - _____ Email: _____	
Mailing Address:	Make check Payable to: Mail completed form & check to:	Gujarati Samaj of Greater Austin P.O. Box 204231 Austin, Texas -- 78720-4231
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For Office Use Only	Accepted By (signature) (Date) Name: Other Remarks:	Total Amount Collected: \$ _____ Paid by: Check [] Cash [] Check #: _____ Bank: _____ Dated: _____