

District Number \_\_\_\_\_ Group WSO # \_\_\_\_\_

Individual or Group Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Email address to confirm Group donation has been received:** \_\_\_\_\_

Amount of donation: \_\_\_\_\_ Date: \_\_\_\_\_

Please send a check payable to: **ALISON** (Please do not send cash)

Please mail donation to:

ALISON  
c/o Garden City Community Church  
245 Stewart Avenue  
Garden City, NY 11530

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