



# SHERIFF

## Marion County

### Donor Information (please print or type)

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Billing address:	
City:	
State:	
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### Pledge Information

I (we) will donate a total of \$\_\_\_\_\_ to support the event.

I (we) plan to make this contribution in the form of: (Please check a box below)

cash  check

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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I (we) wish to have our gift remain anonymous.

Signature(s):
Date:

Please make checks, corporate matches, or other gifts payable to:

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Template: C:\Documents and Settings\cwillson\Application  
Data\Microsoft\Templates\Sterling Letterhead.dot  
Title:  
Subject:  
Author: cwillson  
Keywords:  
Comments:  
Creation Date: 3/25/2010 5:58:00 AM  
Change Number: 2  
Last Saved On: 3/25/2010 5:58:00 AM  
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