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| Sponsors Name: | Address: | Phone Number: | Email Address: | # of Wreaths Sponsored: | $ Amount of Check: | Check #: |
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**CUT OFF DATE: NOVEMEBER 29, 2021; All SPONSORSHIPS MUST BE IN THE OFFICE NO LATER THAN THIS CUT OFF DATE.**

# Cash $: Total # Checks:

**MO $:**

Location ID: If supporting multiple locations please provide breakdown of wreaths to location or submit a separate tally sheet.

Sponsorship Group ID: If supporting multiple groups please provide breakdown of wreaths to group or submit a separate tally sheet.

# Date: Total Dollar Amount:

***FOR OFFICE USE ONLY:***

***Entered: Reconciled:***

***GEN:***