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□ In Memory of:			
□ In Honor of:			
□ Palmer Hospice- In Memory	of:		
□ Tree of Life Leaf Personalized	d with: (\$100 Donation)		
I would like an acknowledgem	ent of my gift sent to: (please in	nclude full name	e and addresses)
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Your tax-deductible contribut	ion may be sent to:		
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Palmer Memorial Foundatio 112 Jefferson Street West Union, IA 52175	n		

If you are interested in learning more about Palmer Memorial Foundation, its mission or how you can help please contact the Foundation Director at 563-422-3811.