



ALL SAINTS'

Episcopal Church & Day School

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All Saints' Episcopal Church – Friends of Music – Party Agreement

DATE: _____ SOLICITOR: _____

DONOR INFORMATION:

HOST NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (HM) _____ (WK) _____ (FAX) _____

EMAIL _____

SIGNATURE OF DONOR _____ DATE _____

PROGRAM RECOGNITION: (Please be specific as to how you wish to be listed in the program).

PARTY DESCRIPTION:

Location of Event: _____

Number of Guests: _____

Party Date: _____

SPECIAL REQUESTS OR COMMENTS:

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