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CHURCH / ORGANIZATION _				
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CITY			STATE	ZIP
PHONE				
DENOMINATION		APPROX # OF ATTENDEES		
SHIPPING ADDRESS (if diff	erent from above)			
NAME		ORGANIZATION		
ADDRESS				
CITY			STATE	ZIP
PHONE	CONT	ACT EMAIL		
EMAIL ADDRESSES				
MAIN CHURCH				
PASTOR				
TREASURER				
OTHER	TITLE			
☐ ATTACH A COPY OF Y	OUR STATE	ISSUED SALES TAX E	EXEMPT CER	TIFICATE
I understand that terms are 30 d	ays from date o	f invoice (unless noted other	wise).	
SIGNATURE		Title		Date
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FOR INTERNAL USE ONLY				
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