	$\frown$	
Silver		

REQUEST FOR POSTAGE REIMBURSEMENT	A membership program to benefit the retired IHM Sisters.	
Amount: (\$)		
Name:	Phone:	
Address:		
Signature:	Date:	

Please attach receipt if available.

RETURN THIS FORM TO:

IHM Center • Development Office • 2300 Adams Avenue • Scranton, PA 18509

Silver	Circle	
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	Thone	
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