

Silver Circle



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

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