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*Please return the attached pledge card  
with your donation made payable to:*

Orleans Renaissance Group, Inc.  
PO Box 543  
Medina, NY 14103

Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

*ORG is a 501 (c) (3) organization.*

***THANK YOU!***

*Keep this portion for your records.*

*Please accept my donation to the Orleans Renaissance Group, Inc.*

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In honor of \_\_\_\_\_

Contribution Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

*Please return this portion with your contribution.*