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| **Donation Form** | The Love for Lochlin Foundation Inc. |

Thank you for supporting and helping our mission at protecting and educating the community from the deadly impacts of infectious diseases such as Influenza and Coronavirus!

## Donor Information

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| BUSINESS NAME | NAME (LAST, FIRST, M.I.) |
| STREET ADDRESS | EMAIL |
| CITY, STATE, ZIP | PHONE |
| WEBSITE | ALTERNATE PHONE |

## Donation Description

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| CHECK ONE: 🞏 CASH/CHECK 🞏 PRODUCT / ITEM 🞏 SERVICE 🞏 OTHER |
| AMOUNT / DESCRIPTION | DATE |
| NOTES |

## Contact Information

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