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**Please detach completed
Contribution Form and mail to:**

Latino Center of the Midlands
Attn: Donor Relations
4821 S. 24th Street, Omaha, NE 68107



Contribution Form

Thank you for supporting the mission of the Latino Center of the Midlands!

Contact Information

Name: _____

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Enclosed is my tax-deductible gift of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other: \$_____

I would like to make this gift a recurring gift. Please contact me.

I want to make this gift in memory of: _____

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I would like to remain anonymous

Payment Options:

Check enclosed payable to Latino Center of the Midlands

Charge my credit card: Visa Mastercard American Express Discover

Credit Card Number: _____ Exp. Date: _____

Billing zip code: _____ 3-digit # on back of card: _____

Name as it appears on the card: _____

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