Substitute Santa

DONATION FORM

Please complete and return this donation form with your Substitute Santa donation item(s).

Name/Company _____

Contact Person _____

Address _____

City | State | Zip _____

Phone _____ Email _____

How did you hear about the event? _____

Donation Description _____

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THANK YOU for helping put the "happy" in "happy holidays" for many local kids & teens!

Child Saving INSTITUTE

CHILDREN'S SQUARE CAMPUS
520 N 7th St, Council Bluffs, IA 51503

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