## **ROSE GARDEN DONATION**

Donor Name				
Street address		P.O. Box		
City	State	Zip		
Amount of Donation:				
In Memory Of:				
Thank you for your dona	tion,			
Chairman				
Names will be posted in	the Tribune once ever	y three months.		
Check here if you do	<b>NOT</b> want this poste	d in the Tribune.		