FAMILY CARD

Customer Signature: _

APPLICABLE YEAR	

COMMUNITY SPIRIT CALENDAR

PLEASE PRINT CLEAD VAND DEVIEW VOLID INCODMATION TO ENSURE IT IS FREE OF SPELLING ERRORS OR INCORRECT INFORMATION.

Sponsor:				Canvass	er:		
Family Name:				First Name:			
Address:							
City:					Prov:		PC:
Home Tel:				Work Tel			
Delivery:	Deliver D	Pick Up Mail					
Name		Туре	Month	Day	Category	Descrip	tion of Change Require
	WORKS AND	CALE	NDAR INFORM	IATION	5 150	THE REAL PROPERTY.	rd Sones The
		MEMORY			REMOVE		
		BIRTHDAY	AY REMOVE		REMOVE		
		MEMORY			REMOVE		
		MEMORY			REMOVE		
		MEMORY			REMOVE		
		MEMORY			REMOVE		
		MEMORY		1	REMOVE		
		MEMORY			REMOVE		
	ELERY	MEMORY			REMOVE		
		MEMORY	134		REMOVE		
VI-TO	A Daile	MEMORY			REMOVE		
		MEMORY			REMOVE		
		MEMORY			REMOVE		
THE WILL		MEMORY			REMOVE		
		MEMORY			REMOVE		
		MEMORY			REMOVE		
# OF CALENDARS	s AMOUNT (\$)	TOTAL		AMOUNT PAID		CUSTOMER PAID BY	
	\$	\$ 0.00		s		Cheque	