IODE Ontario

Services Donations

Date _____

From: IODE _____Chapter

To: IODE Ontario Services Department

We are pleased to send you the following articles:

Quantity	Description	Cost	Total

_____

Please sign and return this receipt.

Total $_____

Chapter copy

45 Frid Street, Suite 9, Hamilton ON L8P 4M3
Phone: 905.522.9537 Fax: 905.522.3637
www.iodeontario.ca iodeontario@gmail.com

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Provincial Office – Services copy

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