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District Number: \_\_\_\_\_ Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Use until - 12/31/2022

*Send Area Contributions to:*  
**NFAC**  
**PO Box 226**  
**DeLeon Springs, FL 32130**

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