



Give information:

I wish to remain anonymous _____

Your name _____

Your address _____

City/State/ZIP _____

Your phone number _____

Gift amount _____ Check enclosed _____

Recipient's information:

Recipient's name(s) _____

Recipient's address _____

City/State/ZIP _____



Send this completed form to:

ATTN HUGS

Consolidated Cooperative

P.O.Box 111, Mt. Gilead, Ohio 43338.

Or drop it off at either the Mt. Gilead or Delaware office.