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Herb Garden	\$ _____	Area of Greatest Need	\$ _____

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Please make my donation in tribute of: _____

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CCNM respects your privacy and does not sell or share its mailing lists.

I would prefer not to receive mail or e-mail regarding this donation or other CCNM programs, events and issues.

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You may also donate online at www.ccnm.edu/giving.html

THANK YOU FOR YOUR SUPPORT. PLEASE MAIL OR FAX THIS FORM TO THE ADVANCEMENT OFFICE.

You will receive an acknowledgment and where applicable a charitable receipt. (Charitable receipt number: 107797243).

The Canadian College of Naturopathic Medicine

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