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<i>Tribute Information (for Memorial and Honorarium</i> □ Dr. □ Mr. □ Mrs. □ Ms. Name:				
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☐ Spouse ☐ Mother ☐ Father ☐ Son ☐ Daughter Gifts made to the Baptist Memorial Health Care Following mentioned areas, intended purpose	oundation	are tax deductible as al	llowed b	y law. When
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