

# Wrapper Challenge Donation Card

Name: \_\_\_\_\_

Country/State or Province: \_\_\_\_\_

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

How did you hear about the Wrapper Challenge? \_\_\_\_\_

\_\_\_\_\_

Wrapper type: \_\_\_\_\_ # \_\_\_\_\_

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Wrapper type: \_\_\_\_\_ # \_\_\_\_\_

Wrapper type: \_\_\_\_\_ # \_\_\_\_\_

Wrapper type: \_\_\_\_\_ # \_\_\_\_\_

Wrapper type: \_\_\_\_\_ # \_\_\_\_\_

Thanks for your wrappers!

- Jinelle at S.O.U.L.

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