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I want to help **Air Compassion East** provide free air transportation to patients in need requiring medical treatment far from home. Enclosed is my check for ___\$25 ___\$50 ___\$100 ___\$500 ___\$1,000 ___Other

Please make your check payable to Air Compassion East. Thank you for your generous support.

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**Air Compassion East ~ 4620 Haygood Rd., Ste. 1,
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