

Medallions, Birthdays or Group Anniversaries
Announcement

GROUP NAME _____
GROUP ANNIVERSARY ____ YRS ON _____
NAME MEDALLION Date of Medallion

G.S.R.'S NAME _____
G.S.R.'S PHONE NUMBER _____
G.S.R.'S SIGNATURE _____

Information will NOT be posted unless all
information shown above is complete and signed by
the Group G.S.R.

Give to the District Webmaster at the District 34
Meeting – last Thursday of each month.

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