

AD, PATRON or MEMORIAL RECEIPT

DATE: _____

RECEIVED FROM: _____ \$ _____

for payment of Ad, Patron or Memorial in the **10th Annual St. Joseph's Day Italian Festival Booklet 2020**. The festival will be **28 March 2020** at **St. Andrew's Church, 14401 Sinepuxent Avenue, Ocean City, Maryland**.

PAYMENT RECEIVED BY: _____ PAID BY: CHECK NUMBER _____
CASH

FOR YOUR RECORDS: Sons of Italy of Ocean City Federal Tax ID # is **52-1456383**
Sons of Italy of Ocean City State of Maryland Tax-Exempt # is **23-729-7261**

Thank You for your support of our Festival,
Vincent Mollicone
President, Sons and Daughters of Italy of Ocean City Lodge #2474
P. O. Box 4596
Ocean City, MD 21843



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