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STAR, Inc. Baskets

Date: _____

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Address: _____

Phone(s): _____ (Home)

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_____ (Cell)

_____ (Other)

Family Size: _____

Church Affiliation: _____ (Name)

_____ (Address)

Is there anything else that STAR, Inc. can assist you or your family with, if so please provide that information in the space provided below: _____

“Touching the lives of Rochester’s young women”