



thank you!

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Name

Amount

Date

**In accordance with IRS guidelines, ACCESS Women's Health Justice
hereby confirms that we have provided \$ _____
in goods and services in return for your contribution. The remainder
of your gift is tax deductible to the extent allowed by law.**

PO Box 0000, Oakland, CA 00000

Office: 000-000-0000

www.accesswhj.org

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