

## CRYPTIC MASONS MEDICAL RESEARCH FOUNDATION DONATION FORM

Dear Sir,

Please find enclosed my tax deductible donation to the CMMRF to help supp	ort their
work with the Indiana Center for Vascular Biology and Medicine.	

NAME:				
ADDRESS:				
CITY:	ST:		ZIP:	
Amount:				
I am a member of the York Rite in South Carolina: YES NO				
If yes, I am a member of SC Council No.				
Thank you in advance for your gener	rous donation.			

Please make all checks payable to "Cryptic Masons Medical Research Foundation", note SC Council number in the memo field, if applicable, and mail to:

James W. Barr

107 Evans Rd.

Iva, SC 29655-9396