| Q-M | oB Event Attend | ance Form: GROU | P/EVENT NAME: | | EVEN | T DATE: |
|------|---------------------------------------|-----------------------|---------------------------|----------------------------------|-------------------------------------|---|
| _ | | | | otify you of this aroup's future | activities & allow you to participa | <u> </u> |
| | · · · · · · · · · · · · · · · · · · · | | | | new groups/activities Q-Mob is o | |
| | | | | | nail Column. At this event, please | |
| whic | ch you can learn a | bout & help us refine | at: https://queermenofthe | eberkshires.org/values. We pro | otect the privacy of your info & do | |
| # | First Name | Last Name | Email | Cell | Town & Zip | How much did you donate to Q- MoB Scholarship Fund & Do you want receipt? |
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