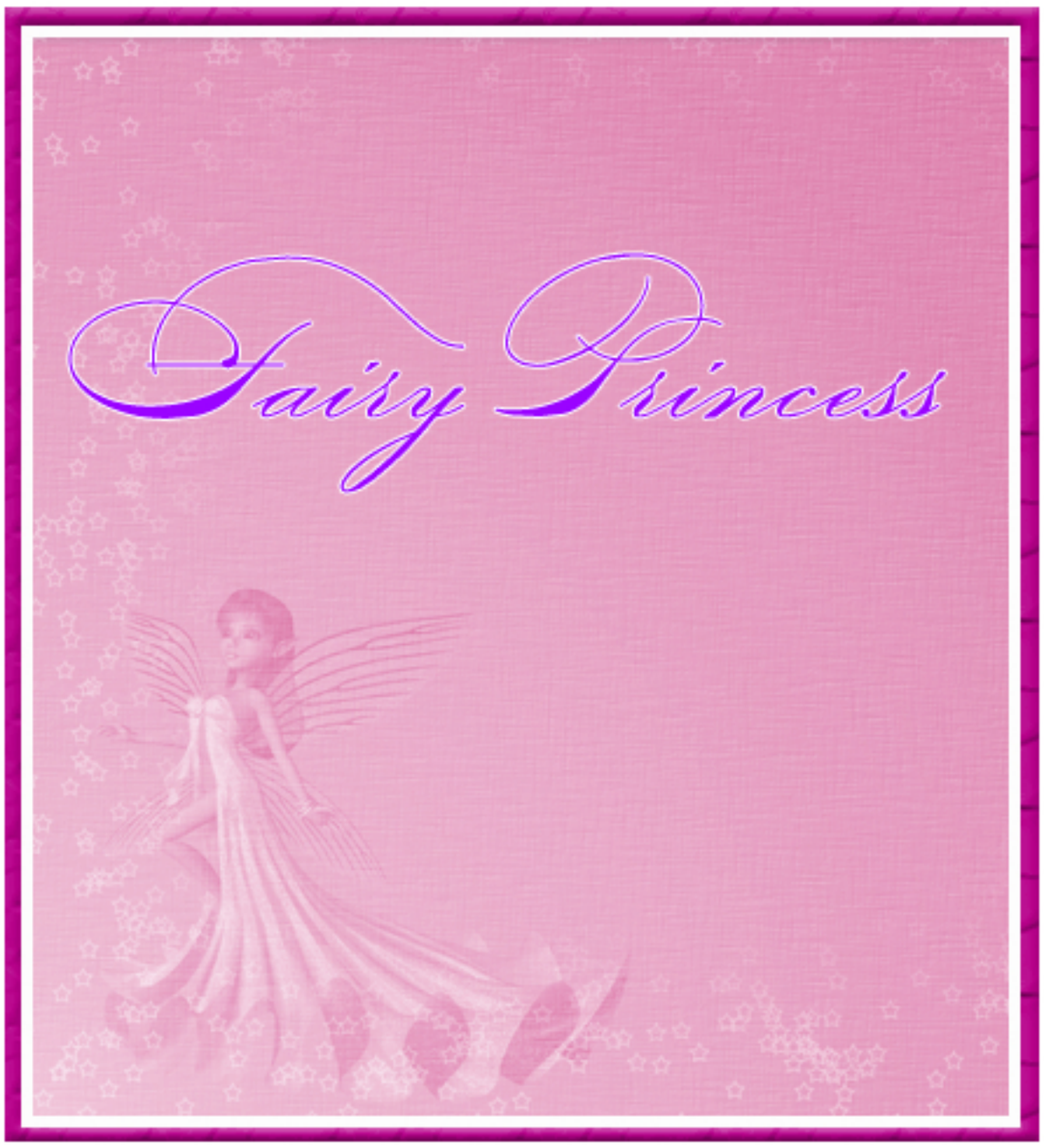

For: _____

Date: _____

Time: _____

Location: _____

R.S.V.P: _____

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