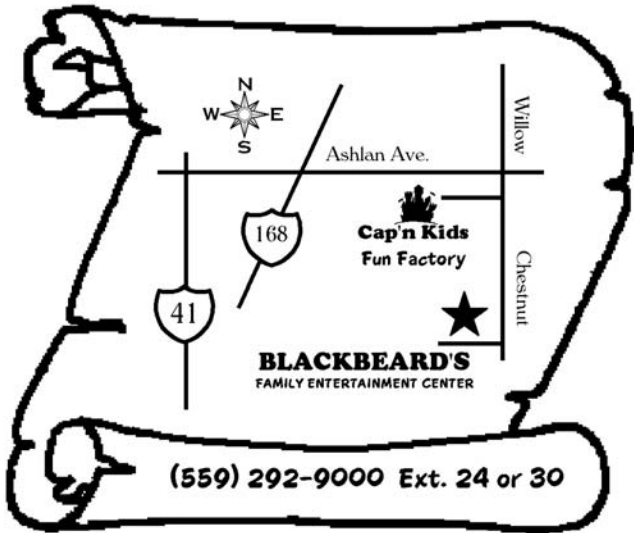


_____ R.S.V.P.:
_____ Location:
_____ Time:
_____ Date:
_____ For:



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