ANNIVERSARY ANNOUNCEMENT

Please return completed form three weeks before the celebration to:

The Spokesman-Review: Editorial Department
P.O. Box 2160
Spokane, WA 99210-1615

Phone: (509) 459-5434 Fax: (509) 459-5098

There is no charge for this announcement. We publish notices of anniversaries 25 years and more. You may include a portrait-style photo (3x5 or larger), black and white or color for 50^{th} anniversaries and above. If you would like the photo returned, please include a self-addressed, stamped envelope. Forms may be e-mailed with photos (in a .jpg format) to features@spokesman.com. Please print clearly.

Full name of couple			City	State
Type of	celebration (a	linner, gathering, open	house, reception, renewal o	of vows)
Date	Time	Location	City	State
Hosts fo	or the event (if	other than children)		
Childre				
•			se names will be listed as ho	osts for the celebration)
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1	City		State	
Number of grandchildren		Number of great-grandchildren		
Date couple married			City	State
For mo	re informatio	n contact		
Name			Daytime nhone	