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## Option 2

**UAB** ST. VINCENT'S

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**LOCATION, DEPARTMENT, UNIT, CENTER, ETC.**  
000 00th Avenue/Street South • City, AL 00000-0000  
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**INFO TO BE PRINTED ON LETTERHEAD:**

Location, Dept, Unit, Center, etc. (required) \_\_\_\_\_

Address \_\_\_\_\_

City, AL Zip +4 \_\_\_\_\_

Office # \_\_\_\_\_ Fax # \_\_\_\_\_

**SEND PROOF TO:**

Name \_\_\_\_\_ Email \_\_\_\_\_

**DELIVERY INFORMATION:**

BU # \_\_\_\_\_ Customer # \_\_\_\_\_

Location Name	Attn	Phone
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Address \_\_\_\_\_ City, State Zip \_\_\_\_\_