

## Area 35 Mail in Contribution Form

### Check Type of Contribution

Group Contribution

Birthday Contribution

Individual Contribution

Group Service Number: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group City: \_\_\_\_\_

District Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact City / State / Zip: \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

The contact person is where the acknowledgement receipt will be sent.  
Phone # and e-mail is optional and would only be used if there are any questions.

If this is a Birthday or Individual Contribution do you want credit to go to your Group?

Yes  No

Make Check or Money Order out to: NMAA  
and send to:

**NMAA**  
**P.O. Box 401**  
**Becker , Minnesota 55308**

*Thank You for your support with this contribution.*