

# 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**  
**126 13<sup>th</sup> Ave South**  
**St Cloud, MN 56301**

*Thank You for your support with this contribution.*