

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
PO Box 114
Grand Rapids, MN 55744

Thank You for your support with this contribution.