

Northern Minnesota - Area 35
2024-2025 Mail-in Contribution Form

Check type of contribution:

Group Contribution _____

Birthday Contribution _____

Individual Contribution _____

Group Service Number _____

Group Name: _____

District Number: _____

Contact Name: _____

Contact Address: _____

Contact Phone Number & Email Address: _____

Group contact person is where the acknowledgement receipt will be sent. Phone number and email are optional and would only be used if there were questions.

Please mail this form to:

NMAA
1102 E Camp St
Ely, MN 55731