

BLUE STAR MOTHERS OF AMERICA, INC.



GIFTS/DONATIONS TO BLUE STAR MOTHERS OF AMERICA, INC. (CHAPTER)

Please complete the following information and submit to the Recording Secretary

Contributor's Name: _____
First Name Middle Initial Last Name

Company Name: _____

Street Address/PO Box: _____

City/State/Zip: _____

Description of Gift or Donation: _____

Estimated Value: \$ _____ Anonymously:
Yes No

Program/Purpose: _____

Recipient name (Please Print) Date Received

ADMINISTRATIVE USE ONLY

Financial Secretary Treasurer Recording Secretary