



BLUE STAR MOTHERS OF AMERICA, INC
NATIONAL BIG DIPPER Auxiliary



Please complete the following information and submit to the Financial Secretary
To be completed by donor

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: \$ _____ Anonymous: _____
Yes No

Program/Purpose: _____

Recipient name (Please Print) Date Received

ADMINISTRATIVE USE ONLY

Financial Secretary Treasurer Recording Secretary

Please submit to:
BSMA Big Dipper Auxiliary
% Kathryn Venable, Financial Secretary
PO Box 6011
Pocatello, ID 83205