



## **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  
% Lorraine Camire, Financial Secretary  
420 N. McKinley St, Ste 111-B35  
Corona, CA 92879-8099