



**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  
% Marie Taylor, Financial Secretary  
PO Box 254  
Clyde OH 43410