

CNMI Donation Form

Date: \_\_\_\_\_  
Name of Group: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Day and time of meeting: \_\_\_\_\_  
City of Meeting : \_\_\_\_\_

Check Number: \_\_\_\_\_  
Amount of donation: \$ \_\_\_\_\_  
Sent by:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Mail to: CNMI  
PO Box 30273  
Albuquerque, NM 87190-0273

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