

**CNMI DONATION FORM**

Date \_\_\_\_\_

Group name \_\_\_\_\_

Group number \_\_\_\_\_

Day/time of meeting \_\_\_\_\_

Check number \_\_\_\_\_

Amount of donation \_\_\_\_\_

**SENT BY:**

Name \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Are you the group's treasurer? Yes \_\_\_ No \_\_\_

**MAIL TO:**

CNMI Treasurer

P.O. Box 30273

Albuquerque, NM 87190-0273

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