

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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