



# 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

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### ADMINISTRATIVE USE ONLY

\_\_\_\_\_  
Financial Secretary Treasurer Recording Secretary

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Please submit to:  
BSMA Big Dipper Auxiliary  
% Kathryn Venable, Financial Secretary  
PO Box 6011  
Pocatello, ID 83205