

NCNWR Crystal Anniversary Donation Form

Name _____

Title _____

Congregation _____

Address _____

City _____ State _____ Zip _____

Your congratulatory message, as you would like it to appear in the special 15th anniversary display at the NCNWR conference (optional)

Donation amount: \$ _____

NCNWR is a 501 (c)(3) nonprofit organization. Please mail this form with your check, made payable to NCNWR, in the enclosed envelope, or send to: Susan Oxley, NCNWR Coordinator, 525 Madison Street, Burlington WI 53105. ***Thank you!***

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