

CONTRIBUTIONS TO EAST TEXAS AREA ASSEMBLY

(Please attach this form to your check or money order)

District # ____ Group # ____ Group Name: _____



Address: _____

City: _____ ST: ____ ZIP: _____

Amount: _____ CK/MO #: _____

Sent by: _____

*Note: Please attach this form to your check or money order.
Make checks payable to: ETAAA. Please do not send cash by mail.*

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