

**BURMESE AMERICAN WOMEN'S ALLIANCE (BAWA)  
DONATION SLIP**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**Day Phone** \_\_\_\_\_

**Donation Amount \$** \_\_\_\_\_

**Circle:**

1. **Check**

2. **Cash**

**FOR** \_\_\_\_\_

**Additional Comments**

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**Signature**

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