

## HMB AREA CONTRIBUTION FORM

GROUP NAME: \_\_\_\_\_

GENERAL SERVICE NUMBER: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

AMOUNT OF CONTRIBUTION: \$ \_\_\_\_\_

WHERE TO SEND ACKNOWLEDGEMENT TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAIL CONTRIBUTIONS TO:**

**HMB AREA ASSOCIATION  
SHIP & COPY  
118 POLAR PLAZA, #114  
AMSTERDAM, NY 12010**