

Enclosed is a contribution of \$ \_\_\_\_\_ payable to: **Womens General Auxiliary.**

Type or Print:

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

On the occasion of \_\_\_\_\_

Donor's name \_\_\_\_\_

Donor's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Send acknowledgement to: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Your memorial/honorary contribution  
to the Womens General Auxiliary,  
Shriners Hospitals for Children, Twin Cities,  
will be used for wheelchairs and their repairs.*

*Thank you.*