

Memorial Rifle Squad of Fort Snelling

Donation Form

Today's Date: mm/dd/yyyy _____

Your Name: Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ St.: _____ Zip: _____

Check one: Cash

Check Check # _____

Amount of donation: \$ _____

In memory of : Last Name: _____ First Name: _____ MI: _____

Date of burial (if known) mm/dd/yyyy _____

Make checks payable to: **Memorial Rifle Squad of Fort Snelling**

Send to:

Memorial Rifle Squad

P.O. Box 111007

St. Paul, MN. 55111