

1101 RMC Fundraising Form

Begins January, 2024 \$30 per Number

Name _____

Address _____

Date _____

Contribution \$ _____ Check # _____

Number(s) _____

Email _____

Home Phone or Cell _____

All checks should be sent to
CWA Local 1101 Retired Members Council,
350 West 31st Street, 2nd Floor,
New York City, New York 10001

RECEIPT (tear off and save)

Name _____

Date _____ Number(s) _____

Contribution \$ _____ Check # _____