



MABA/MILWAUKEE 202TWO

WE COME TOGETHER TO MAKE OUR COMMUNITIES STRONGER
THROUGH BONSAI

Benefit Donation Form

Name _____

Address _____

City, ST Zip _____

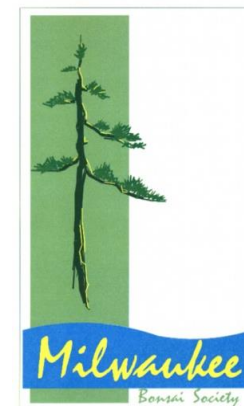
Email _____

Description of Donation _____

Return
form to:

MBS
P. O. Box 240822
Milwaukee, WI 53223

Thank You for your support



Total Value

We are a non profit
corporation under
Federal Tax Code
501 © (3). A
validated letter will
be returned to you
for tax purposes.