

**JUNE 17-2017-“THANKSGIVING MASS” CONTRIBUTION FORM**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Tel./Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

I wish to donate:  \$50     \$100     \$200     \$500     Others:\$ \_\_\_\_\_

Make check or Money Order payable and mail to: **TP Nyiaj Pov Foundation**  
1744 Greenfield Avenue  
Sheboygan, WI 53081

*Planning Committee Permanent address:*

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