



Minnesota Association of Women Police

MAWP Donation Form

7100 147th St W
Apple Valley, MN 55124
mawpcommunications@gmail.com

Donation Form for *Annual Conference*

Date of Event: _____

Item donated:	Value of donation:
<hr/>	
Donor's name:	
<hr/>	
Company name:	
<hr/>	
Address:	
<hr/>	
City/State/Zip:	
<hr/>	
E-mail:	
<hr/>	
Send acknowledgement to:	
<hr/>	

Please print the donor or donating organization's name exactly as it should appear in the program.

Description of item:

Will the item need to be picked up? (*If yes, please provide detailed needs for pickup*)

I, the undersigned donor, hereby acknowledge and agree to provide the above stated goods and services to the Minnesota Association of Women Police event.

Donor's signature

Date

THANK YOU FOR YOUR SUPPORT

Donation made to Minnesota Association of Women Police, a non-profit, tax-exempt organization
Federal ID # 30-0175505

Donation Item #

Date Received: