

Book of Memories

Auxiliary to the American Postal Workers Union

Please Print or Type

In Memory of:			
Last known residence: City: _		State:	
List any titles held in APWU or	Auxiliary:		
Please list name EXACTLY		want it to appear in th	e Book of Memories
Submitted by:			
Local/State APWU, Auxiliary: _			
Address:			
City:	State: _	Zip:	
Send Family acknowledgement	card to (if	different):	
Name:			
Address:			
City:	State: _	Zip:	
Remembered by			
	(Th	nis line must be completed)	
\$10.00 Minimum Donation Sug	gested	Amount Enclosed: \$	
Make checks payable to:		All proceeds go to the :	
Auxiliary to the APWU		Nilan Continuing Educe	ation Scholarship
Karen Wolver Secretary			
4631 NE 29th St			
Des Moines, IA 50317-4833			
If you have any questions regard	ding this f	form, please contact Janeil Payn	e, Committee Chair at
jpayne@ apwuauxiliary.org or 5	03-931-34	141.	

