



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** as you want it to appear in the Book of Memories

Submitted by: _____

Local/State APWU, Auxiliary: _____

Address: _____

City: _____ State: _____ Zip: _____

Send Acknowledgement card to (if different):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$10.00 Minimum Donation Suggested

Amount Enclosed: \$ _____

Make checks payable to:

All proceeds go to the :

Auxiliary to the APWU

Nilan Continuing Education Scholarship

Bonnie Sevre, Treasurer

2836 Highway 88

Minneapolis, MN 55418-3243

