

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 Av	uxiliary:	
Please list name EXACTLY as yo	ou want it to appear is	n the Book of Memories
Submitted by:		
Local/State APWU, Auxiliary:		
Address:		
City:	State:	Zip:
Send Family acknowledgement ca	ard to (if different):	
Name:		
Address:		
City:	State:	Zip:
Remembered by		
(This 1	line must be completed	
\$10.00 Minimum Donation Suggested	Amount Enclosed: \$	
Make checks payable to:	All proceeds go to the :	
Auxiliary to the APWU	Nilan Continuing	g Education Scholarship
Karen Wolver Secretary		
4631 NE 29th St		
Des Moines, IA 50317-4833		
If you have any questions regarding this	form, please contact	
Igneil Paune Committee Chair ingune	·	31-3441

