



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 Family acknowledgement card to (if different):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Remembered by _____

(This 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 Education Scholarship*

Karen Wolver Secretary

4631 NE 29th St

Des Moines, IA 50317-4833

If you have any questions regarding this form, please contact

Janeil Payne, Committee Chair

jpayne@apwuauxiliary.org

or (503)931-3441



Forms must be received by July 1, 2024 to be honored at the 2024 Convention