

## **Book of Memories**

In Memory of:		
Last known residence: City:	State:	
List any titles held in APWU or Auxiliary:		
Please list name <b>EXACTLY</b> as you	u want it to ap	ppear
Submitted by:		
Local/State APWU, Auxiliary:		
Address:		
City:State:	Zip:	
Send Acknowledgement card to (if different):  Name:  Address:		
City:State:	Zip:	
Is this a COVID-19 related death?	ES	
\$10.00 Minimum Donation Suggested Amou	ant Enclosed:	\$
Make checks payable to:	All	proceed
Auxiliary to the APWU	Nilan Continuing	Educati
Bonnie Sevre, Treasurer		
2836 Highway 88		
Minneapolis, MN 55418-3243		

