

BLUE STAR MEMORIAL CONTRIBUTION FORM

District _____ Date _____

Please check the appropriate category:

Individual Club District Amount _____

Individual/club/district making contribution _____
Address _____
City _____ State _____ Zip _____

Name of person sending check _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

**Please complete this form. Enclose check made payable to The Garden Club of Indiana, Inc. (in lower left corner of check write Blue Star Memorial).
Mail, postmarked by the December 1 deadline to qualify for current year awards, to the State Blue Star Chairman:
Chris Seal
3508 S. 600 E.
Montgomery, IN 47558-5581
tgcibluestar@gmail.com**