Vaaj Xauvkaub Foundation, Inc.

10342 E. Lakeview Road
Poplar, Wisconsin 54864
Telephone: 715-364-2740
Website: www.vangxk.org
E-Mail: Pao.Vang@duluth.k12.mn.us

Family Membership Contribution Form

Date Contribution:_____

Name:_____

Address:_____

City:_____State_____ Zip_____

Telephone:_____ E-Mail_____

Type of Membership

❑ First Time Membership Fee ($100)

❑ Annually Membership Fee ($100). Year of Membership_____

❑ Additional Donation $_____

Paid by: ❑ Cash ❑ Check

Receipt?: ❑ Yes ❑ No

VXFI is a register 501(C) (3) charitable organization. All donation are tax deductible.

FOR OFFICE USE ONLY

Amount Received $_____ ❑ Cash ❑ Check

Received By:_____ Date Received_____

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Poplar, Wisconsin 54864
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Website: www.vangxk.org
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Single Membership Contribution Form

Date Contribution:_____

Name:_____

Address:_____

City:_____State_____ Zip_____

Telephone:_____ E-Mail_____

Type of Membership

❑ First Time Membership Fee ($100)

❑ Annually Membership Fee ($100). Year of Membership_____

❑ Additional Donation $_____

Paid by: ❑ Cash ❑ Check

Receipt?: ❑ Yes ❑ No

VXFI is a register 501(C) (3) charitable organization. All donation are tax deductible.

_____

FOR OFFICE USE ONLY

Amount Received $_____ ❑ Cash ❑ Check

Received By:_____ Date Received_____