

State Leader/Non-Chapter Member Recap

Date Received by CMA _____



NAME _____

ADDRESS _____

CITY, ST, ZIP _____

Title _____ State _____

Email _____ Phone _____

Do not send in sponsor receipt forms.
 Print only one name and one dollar total per line.
 Include husband and wife on one sheet.
 Include RFS, member number, and state abbreviation in the memo field of all checks.

Name	CMA #	Amount Enclosed	RFS Shirt SIZE* Donation \$100+	Incentives** Y/N
TOTALS				

*Shirt Sizes: S-5X

INCENTIVES**

DOLLAR LEVEL	INCENTIVES <i>(Incentives are not cumulative.)</i>
\$100	RFS Shirt Only
\$500	RFS Shirt, \$50 Goodies Voucher
\$1,000	RFS Shirt, \$100 Goodies Voucher, \$1,000 Patch
\$2,500	RFS Shirt, \$250 Goodies Voucher, \$2,500 Patch
\$5,000	RFS Shirt, \$500 Goodies Voucher, \$5,000 Patch

**By opting out of the incentives, you will not receive ANY of the incentives.

SHIP TO ADDRESS: *(Please attach a label indicating where incentives are to be shipped.)*

Please mail the summary sheet, shipping label, and funds to ensure delivery by May 20 to:

MAIL: CMA RFS	SHIP: CMA RFS
PO Box 9	4278 Hwy 71S
Hatfield, AR 71945	Mena, AR 71953