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**

<table>
<thead>
<tr>
<th>DOLLAR LEVEL</th>
<th>INCENTIVES (Incentives are not cumulative.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100</td>
<td>RFS Shirt Only</td>
</tr>
<tr>
<td>$500</td>
<td>RFS Shirt, $50 Goodies Voucher</td>
</tr>
<tr>
<td>$1,000</td>
<td>RFS Shirt, $100 Goodies Voucher, $1,000 Patch</td>
</tr>
<tr>
<td>$2,500</td>
<td>RFS Shirt, $250 Goodies Voucher, $2,500 Patch</td>
</tr>
<tr>
<td>$5,000</td>
<td>RFS Shirt, $500 Goodies Voucher, $5,000 Patch</td>
</tr>
</tbody>
</table>

**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
PO Box 9
Hatfield, AR 71945

SHIP: CMA RFS
4278 Hwy 71S
Mena, AR 71953

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