



# Coast Guard Mutual Assistance

## Cash Contributions

Name: Last		First		M.I.	Rate/Rank/Grade	
Address: Street		Apt. No.	City	State	Zip Code	E-Mail Address
					-	

Companies and Organizations	Name				
Address:	City		State		Zip Code
					-

**YES! I want to help Coast Guard people in their time of need!**

Here is my contribution of:  \$25  \$20  \$15  \$10  \$5  Other \$ \_\_\_\_\_

Please make check or money order payable to **CGMA**. **Do not send cash through the mail.**

Status (Please check one)

Active Duty     Retired     CG Civilian Employee/NAF/CWC/CGES     Reserve

Auxiliary     PHS     Other (describe) \_\_\_\_\_

**Please complete, print and send this form along  
with your check or money order to:**

**Coast Guard Mutual Assistance**  
PO Box 55928  
Boston, MA 02205-9805

**Do not send cash through the mail.**

**Thank you** for your tax-deductible contribution to Coast Guard Mutual Assistance!