

Rhawv Haiv Application

Tus Zauv Rhawv Haiv
15152554

Full Name: _____

Telephone: _____

Address (Optional):

Email: _____

Willing to support

1. \$100 per month
2. \$50 per month
3. \$20 per month
4. Other: \$ _____ per month

Make Check Payable and send to:

Hmong State
Anti-Communist Defense Funds
2954 Rice Street Suite 105
Little Canada, MN 55113
U. S. A

Mobile: 1-612-404-9697

Email: HmongTebchaws@HmongState.org

Minnesota State of Certificate: 1153102300030.

Federal Tax-Exempt Status.