

BSC "Difference Maker" Form

Please print

REGION _____ District Association _____

District Director _____ Contact Phone _____

NAME **(Please Print)**

Amount of Donation

NAME (Please Print)	Amount of Donation

Total Amount Remitted \$ _____

Make all checks and money orders payable to: LMBSC Woman's Auxiliary. Please write BSC in the Memo.

**Mail to: Mrs. Betty Grover
P.O. BOX 270
Reserve, Louisiana 70084**