

# NATIONAL ASSOCIATION OF LETTER CARRIERS ACTIVITY REPORT

## A NALC BRANCH INFORMATION

NALC BRANCHES COMPLETE SECTIONS A & C

NALC BRANCH NAME \_\_\_\_\_ BRANCH NO. \_\_\_\_\_

BRANCH PRESIDENT \_\_\_\_\_ EMAIL \_\_\_\_\_

BRANCH ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

MDA COORDINATOR \_\_\_\_\_ EMAIL \_\_\_\_\_

## B OTHER NALC ORGANIZATION OR GROUP

OTHER NALC GROUP COMPLETES SECTIONS B & C

STATE ASSOCIATION  AUXILIARY  OTHER  GROUP NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EVENT LOCATION \_\_\_\_\_

## C FUNDRAISING ACTIVITY INFORMATION

ALL GROUPS COMPLETE SECTION C

TYPE OF EVENT: BOWL  SACHEL  MUSCLE WALK  GOLF  MISC

DATE OF EVENT \_\_\_\_\_ AMOUNT RAISED \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(GROSS) (EXPENSES) (NET)

TOTAL AMOUNT MAILED TO \_\_\_\_\_ ON \_\_\_\_\_  
(NAME OF MDA REPRESENTATIVE) (DATE)

MDA FIELD OFFICE \_\_\_\_\_  
(REQUIRED) (CITY) (STATE)

SIGNATURE \_\_\_\_\_  
(BRANCH PRESIDENT OR DESIGNEE) (DATE)

### COPY DISTRIBUTION

1. Mail a completed form to NALC MDA coordinator, 100 Indiana Avenue NW, Washington DC 20001 and/or mda@nalc.org.
2. Mail a completed copy to your NALC National Business Agent.
3. Mail/Deliver copy with donation in check or money order to your local MDA representative.

(Extra copies of this form are available on the NALC website or call (202) 756-7403.)