

RETURN CONTRIBUTION TRACKING RECORD/ CYIA 2022

Youth's Name \_\_\_\_\_

Donor information so that a tax-deductible receipt may be sent. **Provide email if receipt can be sent through email.**

Donor Name \_\_\_\_\_ Street/PO Box \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Email** (to receive an electronic receipt) \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Please send to: CEF of Wyoming, Central Chapter  
1927 S. Walnut St.  
Casper, Wyoming 82601

<u>For Office Use Only</u> SE NE NW CRTL SW \$ _____ Check
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