

BAGDAD SHRINE TEMPLE

Application for Membership

\$ 100.00 Million Dollar Club

Yes, I want to Share in the Care of
Shriners Hospital for Children

It's simple - - - just make a *Tax Deductible*
donation of \$ 100.00.

Please make check payable to: Bagdad Shrine Temple HMDC

Please have certificate read: (Please Print)

In Memory Of: _____

In Honor Of: _____

On The Occasion Of: _____

Donor's Name: _____

I am a member of Bagdad Shrine Temple

Address: _____

Phone: (____) _____

City: _____ State ____ Zip _____

Please make check payable to: Bagdad Shrine Temple HMDC

RETURN THIS APPLICATION TO:

RECORDER

BAGDAD SHRINE TEMPLE

314 WEST PART STREET

BUTTE, MONTANA 59701