HERMAN VOLUNTEER FIRE COMPANY AND HERMAN VOL. FIRE CO. RELIEF ASSOCIATION

MONTHLY DRAWING SELLER FORM
(PLEASE PRINT OR TYPE)

NAME: _____
LAST FIRST MIDDLE

ACCOUNT NO:_____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____ **CELL PHONE:** _____

BOOKS: _____

Date Processed: _____**; Fire Co Official:**_____
MM / DD / YY

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