# NH Wing -- Civil Air Patrol

## SQUADRON Deposit

**Squadron** _____ **Date:** _____

**If this deposit was made directly to Citizens, please staple the receipt to the bottom of this form.**

| Account # | Check # | Name | Amount | FOR: Give details. |
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| | | **TOTAL** | | |

Note: Do not mail cash: Exchange for your check or a bank check.

All Checks should be Payable to NH Wing - CAP.
Use the memo line for any further information.