

CAV REIMBURSEMENT REQUEST

In order to receive reimbursement of \$40.00 for your **initial** CAV fee, please submit the following information after you have received your CAV card:

NAME: _____

ADDRESS: _____

BETHEL#: _____

CAV #: _____

Email or mail this information to:

Toni Underwood
5214 Grace Avenue
St. Louis MO 63116-4128
Cell: 314-973-8343
Email: grandsecretary.mojdi@gmail.com