

FORM FOR DIVISION OF THIS CHECK

Indiana Grand Chapter, OES, 523 Archway, Franklin, IN 46131

2023-2024 CHAPTER CHECK

Date _____

CHAPTER No. _____

Secretary _____

WGM/WGP Project –“Sit Awhile” IMH Project	\$
WGM/WGP Joint Project-“Support Our Youth”	\$
Service Dog Project	\$
CANCER	\$
HEART	\$
ESTARL	\$
FRUIT	\$
HOME	\$
INTERNATIONAL HEADQUARTERS	\$
KNIGHTS TEMPLAR EYE FOUNDATION	\$
NETTIE RANSFORD FUND	\$
OUR WORLD OF YOUTH	\$
Royal Arch Masons Research Fund	\$
Other Donations:	\$
_____	\$
_____	\$

CHECK NO. _____ TOTAL \$ _____

*Note: Do not include payment of supplies. They are sent separately with our Invoice. **Make all checks payable to: Indiana Grand Chapter, OES***

Signature of Secretary or Treasurer _____

Phone: _____

E-mail: _____

* DONATION MADE IN MEMORY (OR IN HONOR) OF:

If Memorial card (or Honor card) to be sent to family, include name and address below. Please use back if needed.

* DONATION: (Circle one) IN MEMORY or IN HONOR of:

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