FORM FOR DIVISION OF THIS CHECK

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

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

D	ate	<u> </u>	Date	
	HAPTER No		CHAPTER No	
Secretary		Secretary		
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CHECK NO TOT	ΓAL \$	CHECK NO	TOTAL \$	
Note: Do not include payment of supplies. They are	e sent separately with	Note: Do not include paymer	nt of supplies. They are sent separately with	
our Invoice. Make all checks payable to: Indiana C	Grand Chapter, OES		payable to: Indiana Grand Chapter, OES	
Signature of Secretary or Treasurer		Signature of Secretary or	Treasurer	
Phone:			., 6464. 61	
E-mail:			_	
			<u> </u>	
* DONATION MADE IN MEMORY (OR IN HONOR) OF:		* DONATION MADE IN MI	EMORY (OR IN HONOR) OF:	
If Memorial card (or Honor card) to be sent to	family, include	If Memorial card (or Hono	r card) to be sent to family, include	
name and address below.	3 ·	name and address below.	3 .	
* DONATION: (Circle one) IN <u>MEMORY</u> or IN <u>HONOR</u> of :		* DONATION: (Circle one	* DONATION: (Circle one) IN <u>MEMORY</u> or IN <u>HONOR</u> of :	