

**FORM FOR DIVISION OF THIS CHECK**

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

Date \_\_\_\_\_

CHAPTER No. \_\_\_\_\_

Secretary \_\_\_\_\_

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
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_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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.

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

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