FORM FOR DIVISION OF THIS CHECK

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

2025-26 CHAPTER CHECK

Date _____

_____ CHAPTER No._____

Secretary _____

WGM/WGP "Seeds of Hope" Youth Project	$_____
	$_____
Service Dog Project - "Never Walk Alone"	$_____
CANCER	$_____
HEART	$_____
ESTARL	$_____
Benevolent Fund	$_____
Masonic Home Fund	$_____
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.

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

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