

MEMORIAL SHEET

(Please submit entire sheet. Do not cut!)

NOTE: Use this form for sending Memorials during the Year.

_____ DISTRICT _____ CHAPTER NO. _____, _____, NC

MEMORIALS

DATE: _____

List below any memorial payemnts given by your Chapter, members of your Chapter or non-members in MEMORY of members and/or non-members.

<u>IN MEMORY OF</u>	<u>GIVEN BY</u>	<u>AMOUNT</u>
		\$ _____.

FOR _____ FUND ACK. TO: _____
(Name)

CK. NO. _____
(Mailing Address)

DATE OF CK.: _____
(City) (State) (Zip Code)

<u>IN MEMORY OF</u>	<u>GIVEN BY</u>	<u>AMOUNT</u>
		\$ _____.

FOR _____ FUND ACK. TO: _____
(Name)

CK. NO. _____
(Mailing Address)

DATE OF CK.: _____
(City) (State) (Zip Code)

<u>IN MEMORY OF</u>	<u>GIVEN BY</u>	<u>AMOUNT</u>
		\$ _____.

FOR _____ FUND ACK. TO: _____
(Name)

CK. NO. _____
(Mailing Address)

DATE OF CK.: _____
(City) (State) (Zip Code)