**HONORARIUM FORM**

(Please submit entire form. Do not cut!)

NOTE: Use this form for sending Honorariums.

________ DISTRICT ______________________ CHAPTER NO.__________, __________________, NC

HONORARIUMS DATE:___________________

List below any honorarium payments given by your Chapter, members of your Chapter or non-members in HONOR of members and/or non-members.

<table>
<thead>
<tr>
<th>IN HONOR OF</th>
<th>GIVEN BY</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ _____</td>
</tr>
</tbody>
</table>

FOR_________________________FUND ACK. TO: ____________________________

(Name)

CK. NO. __________

(Mailing Address)

DATE OF CK. __________

(CITY) (STATE) (ZIP)

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Revised January 2017

Approved by the Clearing Committee