

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.

<u>IN HONOR OF</u>	<u>GIVEN BY</u>	<u>AMOUNT</u>
_____		\$ _____.
FOR _____ FUND	ACK. TO: _____ (Name)	
CK. NO. _____	_____	
DATE OF CK. _____	_____	
	_____	
	(CITY) (STATE) (ZIP)	

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<u>IN HONOR OF</u>	<u>GIVEN BY</u>	<u>AMOUNT</u>
_____		\$ _____.
FOR _____ FUND	ACK. TO: _____ (Name)	
CK. NO. _____	_____	
DATE OF CK. _____	_____	
	_____	
	(CITY) (STATE) (ZIP)	

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_____		\$ _____.
FOR _____ FUND	ACK. TO: _____ (Name)	
CK. NO. _____	_____	
DATE OF CK. _____	_____	
	_____	
	(CITY) (STATE) (ZIP)	

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