



Monthly Chapter Donations Transmittal Form

1. Please write the member's ID number on each check in the memo line; for new members, write "New" in memo.
New Chapters : Enter "New" for Chapter Name and ID Number. You will receive your chapter's name and number upon receipt of first donations.
2. Print this completed form and include with your checks (suggestion: keep a copy for your records).
3. Mail **only** this completed form and chapter donation checks to address below.

Chapter Name: _____

Chapter Leader(s) Name(s): _____

Meeting Date: _____

Chapter ID Number: _____

Member #	Last Name on Check	Amount of Check
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
8.		
10.		
11.		
12.		
13.		
14.		
15.		

(use additional sheet or insert additional rows, if necessary)

TOTAL # OF CHECKS AND TOTAL AMOUNT ENCLOSED:	\$	-
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Print name of person completing and mailing this form (chapter leader or designee)

Date Mailed

<p>Mail completed form with checks to this address:</p>	<p>Together Women Rise Monthly Chapter Donations PO Box 890272 Charlotte, NC 28289-0272</p>	<p>This is a bank PO Box. Please do not include other forms of payment such as cash, credit card payments, auto withdrawal forms, or any other documentation.</p>
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