



Annual Appeal Transmittal Form

1. Please write the **member's ID number** in the memo line of each check; for new members, write "New" in the memo line.
2. Please write "**Annual Appeal**" in the memo line of each check.
3. Print this completed form and include with your checks. It is a good idea to keep a copy for your records.
4. Mail only this completed form and checks to **our BANK LOCKBOX IN CHARLOTTE, NC** at the address below. **Do not mail to the Home Office.** Mail *only* this completed form and checks to the lockbox, not the individual coupons that members receive in the mail.

Chapter Name: _____

Chapter Leader(s) Name(s): _____

Chapter Leader(s) _____

Email Address: _____

Chapter ID Number: _____

Are these funds part of a chapter fundraiser? Yes No

Did members receive anything (e.g. ticket, silent auction item) in return? Yes No

Member #	Last Name on Check	Amount of Check
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

(use additional sheet if necessary)

TOTAL # OF CHECKS AND TOTAL AMOUNT ENCLOSED: \$ _____ 0

Printed name of person completing and mailing this form (chapter leader or designee)

Date Mailed

Mail completed form with
checks to this address:

Together Women Rise Annual Appeal
P.O. Box 890272
Charlotte, NC 28289-0272