

# CHECK TRANSMITTAL FORM

Mail to: 16960 Bastanchury Rd., Ste. E, Yorba Linda, CA 92886-1711 Date: \_\_\_\_\_

Chapter No. \_\_\_\_\_

**Check No.** \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to **CALIFORNIA EASTERN STAR FOUNDATION** for:  
 (These donations **ARE TAX DEDUCTIBLE. Chapter Secretary will do the acknowledgement.** If an individual is making a donation of \$250.00 or more, it must be a personal check made out to the **CALIFORNIA EASTERN STAR FOUNDATION.**)

	In Honor/Memory of:	Acknowledgement Sent by Secretary:
Benevolent Fund (2010 WGM Project) \$ _____	_____	_____
Disaster Fund \$ _____	_____	_____
J. Clifford Lee Memorial Cancer Fund \$ _____	_____	_____
Marguerite Rennie Memorial Fund \$ _____	_____	_____
Eastern Star Patient Comfort Program Fund \$ _____	_____	_____
Scholarship (Cashion, ESTARL, Campbell-Dillon, Loyal Stark, Music, Endowment, General) \$ _____	_____	_____
Gerald P. Cashion Fund \$ _____	_____	_____
Cancer Research Fund \$ _____	_____	_____
Grand Chapter Heart Fund \$ _____	_____	_____
Medical Research Fund \$ _____	_____	_____
Relay for Life \$ _____	_____	_____

**Check No.** \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to **GRAND CHAPTER ENDOWMENT FUND** for:  
 (These donations **ARE TAX DEDUCTIBLE. Chapter Secretary will do the acknowledgement.** If an individual is making a donation of \$250.00 or more, it must be a personal check made out to the **GRAND CHAPTER ENDOWMENT FUND.**)

	In Honor/Memory of:	Acknowledgement Sent by Secretary:
Home Endowment Fund — RESTRICTED \$ _____	_____	_____
Home Endowment Fund — UNRESTRICTED \$ _____	_____	_____
Life Sponsorship (\$50.00) \$ _____	See Green Form enclosed.	
Star Plus (\$50.00) \$ _____	See Green Form enclosed.	
Tree of Life \$ _____	Inscription information enclosed.	

**Check No.** \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to **EASTERN STAR HOMES OF CALIFORNIA** for:  
 (These donations **ARE TAX DEDUCTIBLE.**)

Holiday Fund \$ _____		
Fiesta \$ _____	Booth: _____	
General Donation \$ _____		

**Check No.** \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to **GRAND CHAPTER OF CALIFORNIA** for:

Supplies \$ _____	See Order Form enclosed.	
25-Year or 50-Year Request \$ _____	See Order Form enclosed.	
Rob Morris/Service Awards \$ _____	See Order Form enclosed.	
Credentials \$ _____	See Order Form enclosed.	
Miscellaneous \$ _____	_____	
Perpetual Income Fund of Grand Chapter \$ _____	_____	

(These donations are **NOT TAX DEDUCTIBLE.**)

**BE SURE EACH CHAPTER CHECK HAS TWO SIGNATURES AND THAT AMOUNTS AGREE.  
 ALTERED OR INCORRECTLY WRITTEN CHECK WILL BE RETURNED.**

From: \_\_\_\_\_ Chapter No. \_\_\_\_\_

\_\_\_\_\_, Secretary