

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	\$	_____	_____	_____
Disaster Fund	\$	_____	_____	_____
J. Clifford Lee Memorial Cancer Fund	\$	_____	_____	_____
Marguerite Rennie Memorial Fund	\$	_____	_____	_____
Eastern Star Patient Comfort Program Fund	\$	_____	_____	_____
Scholarship (ESTARL, Cashion, Barnum, Stark, Campbell-Dillon, Music, Endowment, General)	\$	_____	_____	_____
Cancer Research Fund	\$	_____	_____	_____
Grand Chapter Heart Fund	\$	_____	_____	_____
Medical Research Fund	\$	_____	_____	_____
Relay for Life	\$	_____	_____	_____
2012 Worthy Grand Matron Project	\$	_____	_____	_____

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	\$	_____		
Festival	\$	_____	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