

**THIS FORM MUST ACCOMPANY ALL MONIES  
SENT TO OSC TREASURER**

TO: All Chapter Treasurers

FROM: OSC Treasurer

When forwarding **ANY** monies, return to me a completed form for each organization and a check payable to **Ohio State Council** (one check totals all sheets). I will separate the forms and send the information to the appropriate chairman.

***Keep copies of this form for future use.***

Dates for reporting philanthropic donations: April 1 through March 31 of current year

.....  
Chapter Name: \_\_\_\_\_ City: \_\_\_\_\_ Number: \_\_\_\_\_

Organization to receive donation: \_\_\_\_\_

Amount of donation: \$ \_\_\_\_\_

Date of event: \_\_\_\_\_ Name of event: \_\_\_\_\_

Chairman: \_\_\_\_\_  
.....

Chapter Name: \_\_\_\_\_ City: \_\_\_\_\_ Number: \_\_\_\_\_

Organization to receive donation: \_\_\_\_\_

Amount of donation: \$ \_\_\_\_\_

Date of event: \_\_\_\_\_ Name of event: \_\_\_\_\_

Chairman: \_\_\_\_\_  
.....

Chapter Name: \_\_\_\_\_ City: \_\_\_\_\_ Number: \_\_\_\_\_

Organization to receive donation: \_\_\_\_\_

Amount of donation: \$ \_\_\_\_\_

Date of event: \_\_\_\_\_ Name of event: \_\_\_\_\_

Chairman: \_\_\_\_\_