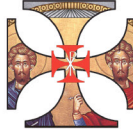


# PHILOPTOCHOS

GREEK ORTHODOX METROPOLIS OF SAN FRANCISCO



## Women's Health & Wellness - 2018

Church Name:

Chapter Name & #:

Address:

City/State/Zip:

Chapter President:

Telephone:

E-mail:

Chapter Treasurer:

Telephone:

E-mail:

Commitment is: \$200.00 or more      Due: October 1<sup>st</sup> of every year

Check#: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date issued: \_\_\_\_\_

- **Make check payable to: Metropolis of SF Philoptochos**
- **In Memo add: Women's Health/Wellness & Chapter Number**
- **Please make separate check for each commitment**
- **Two signatures are required on all checks**
- **Please do NOT staple or tape checks**
- **Send checks to:**

**Metropolis of San Francisco Philoptochos  
P.O. Box 230516  
Encinitas, CA 92023**

We appreciate and thank you for your cooperation in assisting us to keep our records current.  
If you have any questions, please call the Metropolis Office.