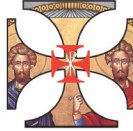


PHILOPTOCHOS

GREEK ORTHODOX METROPOLIS OF SAN FRANCISCO



Women's Health & Wellness - 2019

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 1st 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.