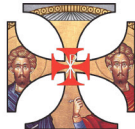


PHILOPTOCHOS

GREEK ORTHODOX METROPOLIS OF SAN FRANCISCO



Social Services - 2019

Church Name:

Chapter Name & #:

Address:

City/State/Zip:

Chapter President:

Telephone:

E-mail:

Chapter Treasurer:

Telephone:

E-mail:

Commitment is: \$500.00 or more (as adopted at the 2017 Fall Spiritual Conference)
Due: March 31st of each year

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

- **Make check payable to: Metropolis of SF Philoptochos**
- **In Memo add: Social Services & Chapter Number**
- **Please make separate checks 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.