

PHILOPTOCHOS
GREEK ORTHODOX METROPOLIS OF SAN FRANCISCO



Social Services – 2021

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 9954
Rancho Santa Fe, CA 92067**

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.

-----For Office Use Only-----
Date Received: _____ Date Check Deposited & Initials: _____ Date Form Scanned & Initials: _____