

PHILOPTOCHOS  
GREEK ORTHODOX METROPOLIS OF SAN FRANCISCO



**Women's Wellness & Awareness – 2021**

Church Name: \_\_\_\_\_ Chapter Name & #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Chapter President: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Chapter Treasurer: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Commitment is: \$200 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 Wellness/Awareness & 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 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: \_\_\_\_\_