

PHILOPTOCHOS

GREEK ORTHODOX METROPOLIS OF SAN FRANCISCO



Date: _____

Church Name: _____ City / State: _____

Philoptochos Chapter Name _____ Chapter #: _____

Address: _____
Address/City/State/Zip

Chapter President: _____ Telephone: _____

E-mail: _____

Chapter Treasurer: _____ Telephone: _____

E-mail: _____

| Commitment | Date Payment Made | Via VANCO | Via Check # | Amount |
|-------------------------------------------------------------------|-------------------|-----------|-------------|--------|
| Per Capita \$15 per member Due: March 31st/December 10th | | | | |
| Social Services \$500 or more Due by: March 31 | | | | |
| Kids 'n' Cancer \$500 or more Due: No later than June 1st | | | | |
| Women's Health & Wellness \$200 or more Due by: October 1st | | | | |
| St. Nicholas Ranch \$300 or more Due by: December 6th | | | | |
| BAPSAEF \$500 or more Due: No later than Dec 10th | | | | |

Treasurer: Please put a copy in the Treasurer's folder.

Please complete this form and send a copy to the Metropolis office at the end of the calendar year. We sincerely thank you and your membership for your continuing support of these worthwhile ministries.