

**THIS FORM MUST ACCOMPANY ALL MONIES
SENT TO OSC TREASURER**

TO: All Chapter Treasurers

FROM: OSC Treasurer

When forwarding **ANY** monies, return to me a completed form for each organization and a check payable to **Ohio State Council** (one check totals all sheets). I will separate the forms and send the information to the appropriate chairman.

Keep copies of this form for future use.

Dates for reporting philanthropic donations: April 1 through March 31 of current year

Chapter Name: _____ City: _____ Number: _____

Organization to receive donation: _____

Amount of donation: \$ _____

Date of event: _____ Name of event: _____

Chairman: _____

Chapter Name: _____ City: _____ Number: _____

Organization to receive donation: _____

Amount of donation: \$ _____

Date of event: _____ Name of event: _____

Chairman: _____

Chapter Name: _____ City: _____ Number: _____

Organization to receive donation: _____

Amount of donation: \$ _____

Date of event: _____ Name of event: _____

Chairman: _____