Make checks out and remit funds to:

Grand Chapter of WA OES
817 S. Vassault Street
Tacoma, WA 98465

Check # - __________ in amount of $ __________ includes payment for:

Supplies Sold - Invoices #: _______________________________________

**Donations**

Cancer Fund - $______________  ESTARL - $______________
Hospice Fund - $______________  Heart Fund - $______________
OES Scholarship - $______________  Knights Templar - $______________
Childhood Language Disorders [Rite Care] - $______________
Schencking Nursing Memorial Scholarship - $______________
WGM’s Special Project - $__________  WGP’s Special Project - $__________
In Memory or Honor of - __________________________________________________________________
Card to - _______________________________________________________________________________
Donation made by - _______________________________________________________________________

Chapter Name & Number - __________________________________________________________________
Secretary - ___________________________ Date - ________________

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