



Michigan P.E.O. Fund, Inc.

Project Donation Transmittal

PLEASE COPY BLANK FORM FOR FUTURE USE

Contributions are sent to: Treasurer, MI. P.E.O. Fund, Inc.

Angeline Skjold 6123 Fowler Rd Twin Lakes, MI 49457

All donations received by January 31 will be included in the next convention proceedings

Please print:

Chapter _____ City _____ Date _____

Name _____ Check if Chapter Treasurer _____

Address _____ Phone # _____

City, State, Zip _____ e-mail _____

Please enter dollar amount:

Chapter Donations: \$ _____ Make ONE CHECK payable to Treasurer, Michigan P.E.O. Fund, Inc.

Individual Donation: \$ _____ Personal checks made payable to Michigan P.E.O. Fund (tax deductible)
Individual donations are not included in chapter totals in convention proceedings

MEMORIALS: Print full name of person to be memorialized.

Name: _____ Chapter letters, if P.E.O. _____
(please enter NA if not a P.E.O.)

If family is to be notified, print information below:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

HONORARIUMS: Print full name of honoree.

Name: _____ Chapter letters, if P.E.O. _____
(please enter NA if not a P.E.O.)

Address: _____

City, State, Zip: _____

Message for honoree: _____

Treasurer use only:

Receipt # _____ Check # _____ Check Date _____ Acknowledged _____