

**Ohio State Chapter P.E.O. Sisterhood**  
**SUPPLEMENTAL SPREADSHEET FOR HONORARIUMS & MEMORIALS**

*This form is to accompany a Chapter Gift Transmittal Form*

**Chapter** \_\_\_\_\_ **Chapter Location** \_\_\_\_\_ **Date** \_\_\_\_\_

This donation is made (*select one*):  In Honor of  In Memory of  
Name: \_\_\_\_\_ Chapter/State: \_\_\_\_\_ Project: \_\_\_\_\_ Amount: \_\_\_\_\_  
Please Notify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This donation is made (*select one*):  In Honor of  In Memory of  
Name: \_\_\_\_\_ Chapter/State: \_\_\_\_\_ Project: \_\_\_\_\_ Amount: \_\_\_\_\_  
Please Notify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please Notify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please Notify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State Use Only:** Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ BR \_\_\_\_\_ NC \_\_\_\_\_