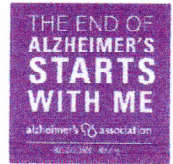
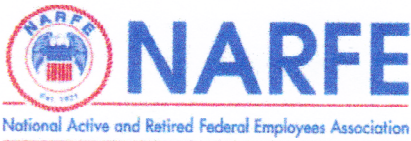


Chapter Transmittal Form



CHAPTER TRANSMITTAL FORM

DATE: _____

TO: Olivia Ashford Williams
SC Federation Alzheimer's Coordinator
PO Box 8722
Columbia, SC 29202

FROM: _____
(Chapter Name and Number)

(Chapter Alzheimer's Chairperson Name)

(Chairperson Address)

Re: Alzheimer's Report for _____ 20 _____

*****Please make duplicate copies of this form for your future reports*****

MAKE ALL CHECKS PAYABLE TO: NARFE - ALZHEIMER'S RESEARCH

If you receive cash, deposit it in your NARFE Chapter Alzheimer's account and send a chapter check.

If you are sending "memorial" money, please note a family member's name and address (and the donor's name and address if different than on the check) on the back of this form. Memorial thank you cards will be sent by your Federation Alzheimer's Coordinator. Memorial checks should also be made payable to "NARFE - ALZHEIMER'S RESEARCH" and are tax deductible.

Ck #/Date	Donor	\$ Amount	X if a Memorial	In Memory of
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Continue on back or separate sheet if more space is needed)

Total Enclosed \$ _____

Keep one copy for your chapter records.

Send one copy and the checks to _____, Federation Alzheimer's Coordinator