



**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION  
SC FEDERATION OF CHAPTERS**

Date \_\_\_\_\_

From: \_\_\_\_\_ , \_\_\_\_\_  
Chapter Name Chapter Number

To: SC Federation Alzheimer's Chair, NARFE  
Mrs. Olivia A. Williams  
P.O. Box 8722  
Columbia, SC 29202-8722

Subject: Alzheimer's Disease Fund

Enclosed is a check made payable to NARFE/Alzheimer's in the amount of \$ \_\_\_\_\_  
which was collected by this Chapter for the period of \_\_\_\_\_  
Should you have any questions concerning this matter please phone me

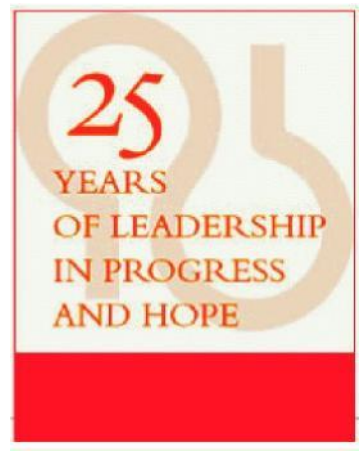
at \_\_\_\_\_ or e-mail me at \_\_\_\_\_  
(Phone: Area Code & Number) (E-mail address)

Sincerely,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)



(Alzheimer's Form 1 - Rev 6-2012)