**Myra Grand Chapter**

**State Charity Fund Report**

(To be made in Duplicate)

Date:

Chapter Name: Chapter No.

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| **Name** | **Amt Paid** | **Name** | **Amt Paid** |
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Secretary’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Submitted:

**For Use of the Charity Fund Secretary’s Office**

Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bal. Due: \_\_\_\_\_\_\_\_\_\_

C.F. Secretary Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_