

# Order of the Eastern Star of Mississippi Grand Chapter

## Charitable Contributions Form

The Grand Chapter of Mississippi is a Tax Exempt Nonprofit Organization eligible to receive tax-deductible charitable contributions from individuals under Section 501(c) of the Internal Revenue Code. Below is a list of the Charities that are supported by the Grand Chapter. If you wish to make a charitable contribution to the Grand Chapter, please enter the amount you wish to contribute on the list below.

**Make checks payable to “Order of the Eastern Star of Mississippi Grand Chapter,” and indicate in the memo section of your check where you wish your contribution to go. For example: “FBO Rob Morris Little Red Schoolhouse.”**

<u>Fund Name</u>	<u>Amount</u>
Benevolence Fund	\$
Cancer Fund	\$
ESTARL Fund	\$
Grand Lodge Scholarship Fund	\$
Heart Fund	\$
Make a Wish Fund	\$
O.E.S. Relief Fund	\$
Shriners Hospital Fund	\$
Shriners Transportation Fund	\$
Rob Morris Little Red Schoolhouse	\$
Rob Morris Little Red Schoolhouse Brick Walkway (Only \$35.00 is deductible for each brick for tax purposes.)	\$
Youth Funds (DeMolay and Rainbow Girls)	\$
Other	\$
Other	\$
Other	\$
Other	\$
<b>Total</b>	<b>\$</b>

**Please enter your contact information below:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

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If your contribution is given in HONOR of, or in MEMORY of someone, please enter the following information so that an acknowledgement of this gift may be sent.

Given in HONOR of: \_\_\_\_\_

Or in MEMORY of: \_\_\_\_\_

Please indicate the name and address of the person you wish to have an acknowledgement sent to.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please indicate who you wish us to show in the acknowledgement that the gift is from.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please furnish chapter information if you wish your chapter to receive credit for this contribution.

Chapter Secretary: \_\_\_\_\_

Chapter Name and Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

MAIL CHECK AND COMPLETED FORM TO:

Kayla Smith  
Grand Secretary Pro tem  
130 Clara Foote Rd.  
Florence, MS 39073  
334-654-4740