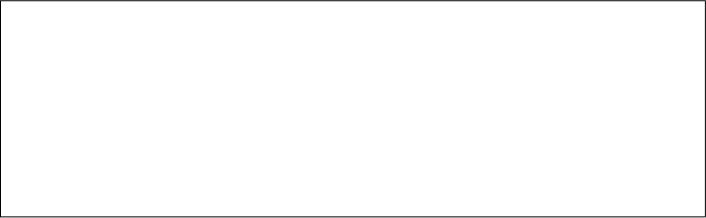
 **P.E.O. Project/Fund Gift Transmittal Form**   
**Submissions to WV State Chapter P.E.O. Treasurer**

**Instructions for individual gifts:**Write separate personal checks **payable directly to the project/fund.**  
Please do *not*make your check payable to WV State Chapter except if donating to the WVSC General   
Fund.  Please *do* provide your chapter’s letter/name below so that your donation will be reflected in the   
listing of your chapter’s donations in state convention proceedings. 

**Local Chapters:**Local chapter checks must be made **payable to WV State Chapter P.E.O. Sisterhood**.    
Checks written by local chapters will be credited solely to the local chapter.  Legal/tax implications prevent   
them from being processed/credited as individual contributions.

**Mail this form with your gift to:**

**Barbara Bennett, Asst. Treasurer, 110 David Daniels Dr., Fairmont, WV  26554**

(*Choose one*): This is a contribution from   an individual   **or**  a local chapter

Name of individual or local chapter letter: Click or tap here to enter text.

Address:  Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Individual’s Chapter:   Email: Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project/Fund** | **Amount** | **Project/Fund** | **Amount** |
| Cottey College |  | Chapter O Memorial Scholarship  Fund |  |
| P.E.O. Educational Loan Fund |  | Helen & Floyd Fenton Scholarship Fund |  |
| P.E.O. Foundation (undesignated) |  | Jennie Bechtold Memorial Scholarship Fund |  |
| P.E.O. Int’l Peace Scholarship |  | Marie Ausenheimer Memorial Scholarship Fund |  |
| P.E.O. Program for Continuing Education |  | Virginia Stealey Memorial Fund |  |
| P.E.O. Scholar Awards |  | WV State Chapter General Fund |  |
| P.E.O. STAR Scholarship |  | Cotty Suite Treat |  |
| Rita C. Terry Cottey College  Scholarship Fund |  | Click here to enter other project/fund. |  |
|  |  | **Total amount of check:** |  |

**Contribution/Gift Type (please print)**

*(Choose one)*:   Annual Local Chapter Contribution  Honorarium\*  Memorial\*

\*Name: Click or tap here to enter text.  \*Chapter: Click or tap here to enter text.

\*Please notify (optional) Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

*Revised Feb. 2020*