
SUPREME TEMPLE, DAUGHTERS OF THE NILE

CONVALESCENT RELIEF FUND

Date: _____ Cheque attached _____

Temple Number _____

Re: Cash donations received from the following

Name:
Address:

Amount:

Receipt No.
(Leave this blank)

Name:
Address:

Amount:

Receipt No.
(Leave this blank)

Name:
Address:

Amount:

Receipt No.
(Leave this blank)

Name:
Address:

Amount:

Receipt No.
(Leave this blank)