

Z-HOPE International Women of Color

Payment Form (as of January 2007)

Date _____

Name of Chapter _____

Name of Basileus _____

Z-HOPE Chapter Chairperson _____

Address of Z-HOPE Chapter Chairperson _____

City _____ State _____ Zip _____

Tel: (home) _____ (business) _____

Fax _____ Email; _____

Please list projects – Refer to Z-HOPE Guidelines Instructions for mailing and cost.

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

Shipment of Postal Cost \$ _____

Total \$ _____

Make Checks payable to: Z-HOPE International Women of Color
Mail this payment form with chapter check, money order or cashier check to:

Zeta Phi Beta Sorority, Inc.
Soror Katrina Wallace, Financial Secretary
Z-HOPE International Women of Color
P.O.Box 778
Willingsboro, N.J. 08046

Finance Committee

Date Received _____ Amount Received _____ Ck # _____ MO _____ CC _____