


Ladies Ancient Order of Hibernians, Inc.

Office of Catholic Action Donation Form

DATE:		
STATE:		
COUNTY:		
DIVISION:		

Enclosed please find check(s) and credit as indicated:

Check #	Amount	State/County/ Division	Project St. Patrick	SOAR
TOTAL DONATIONS ENCLOSED:				

In Friendship, Unity and Christian Charity,

Signature: _____

Catholic Action Officer
State/County/Division Name

Email Address: _____ Phone number: _____

NOTE: ALL CHECKS ARE TO BE MADE PAYABLE TO: LAOH, INC.

Return Form to: **Peggy Cornish, National Catholic Action Officer**
141 N. Kinsella Ave
Covina, CA 91724 / LAOHNationalCA@gmail.com

NATIONAL CATHOLIC ACTION OFFICER USE:

Date Received: _____