



**Metropolis of Boston Philoptochos
Membership Per Capita
April 2016**

Chapter Name: _____
Date: _____ Check #: _____ Amount: \$ _____ Number of Members: _____

**PLEASE INCLUDE A COMPLETE LIST OF MEMBERS INCLUDING NAMES, ADDRESSES,
PHONE NUMBERS AND E-MAILS \$5 per member**

Make Check Payable and send to: **Metropolis of Boston Philoptochos**
162 Goddard Avenue, Brookline, MA 02445



**Metropolis of Boston Philoptochos
Fellowship of Orthodox Stewards
2016 February Ministry Fund Drive**

Chapter Name: _____
Date: _____ Check #: _____ Amount: \$ _____

Make Check Payable and send to: **Metropolis of Boston Philoptochos,**
162 Goddard Avenue, Brookline, MA 02445



**Metropolis of Boston Philoptochos
Philoxenia House
2016 May Ministry Fund Drive**

Chapter Name: _____
Date: _____ Check #: _____ Amount: \$ _____

Make Check Payable and send to: **Metropolis of Boston Philoptochos**
162 Goddard Avenue, Brookline, MA 02445



**Metropolis of Boston Philoptochos
St. Methodios Faith & Heritage Center
2016 November Ministry Fund Drive**

Chapter Name: _____
Date: _____ Check #: _____ Amount: \$ _____

Make Check Payable and send to: **Metropolis of Boston Philoptochos**
162 Goddard Avenue, Brookline, MA 02445