Ancient Order of Hibernians

NEW YORK STATE
CHARITIES AND MISSIONS
REPORT FORM

Quarterly ☐ **Semi Annual** ☐ **Annual** ☐

DIVISION :_____

COUNTY: _____

Date	Recipient	$ Amount or Hours

Please use this form to submit Quarterly, Semi Annual and Annual reports.

Person Submitting Report: _____

Address: _____

City: _____ **State:**_____ **Zip:** _____

Mail to: **Arnie Nagelhout**

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