

LADIES ANCIENT ORDER OF HIBERNIANS, INC.



PENNSYLVANIA STATE BOARD
<http://www.statepalaoh.com>
Pennsylvania LAOH Angel Fund
State Per Capita Exemption Request

Name: _____

Division Name/ # /County: _____

Age / years member : _____

Calendar Year requesting exemption _____

Medically Homebound : _____

Resident of Care Facility: _____

Is Division able to assume the State Per Capita? _____

Division Contact Person: _____

Contact's phone number: _____

FORM MUST BE SUBMITTED TO PENNSYLVANIA STATE TREASURER BY SEPTEMBER 30 FOR CONSIDERATION FOR CURRENT YEAR.

Please note: If approved, State per capita is paid by division at time of annual report submission and PA State Treasurer will send division reimbursement after annual reports are finalized.

Send copy of approval with annual report forms to the PA State Treasurer.

STATE BOARD DETERMINATION

PA Per Capita to be reimbursed through Angel Fund for the calendar year ending _____

Member does not meet exemption requirements _____

Date of determination _____

State Treasurer

State President