

Within Aethelmearc Transfer Form

Group Giving Funds: _____ State of Account: NY ___ PA ___ WV ___

Group Receiving Funds: _____ State of Account: NY ___ PA ___ WV ___

Name of Submitting Exchequer: _____

Check # _____ Amount \$ _____ Date: _____

Please check all boxes that apply:

Check is enclosed with this form

Funds are being transferred as a result of an Event Profit Sharing

If so, which event? _____

Date of event: _____

Funds are being transferred for a dedicated purpose

If so, what purpose? _____

Secondary purpose? _____

Funds transfer for Non-Member Registration

Event: _____ Event Date _____

of Attending Adults: _____ # of Non-Members: _____ # of V.P. Passes: _____

Date _____ **OR**

Signature of the Autocrat and/or Seneschal

Date _____

Signature of the Exchequer

Please send a copy of the form with the check to the receiving groups and keep a copy for your records. If the transfer is for an event, please include a copy with the event report. If it is a donation or gift, please place a copy of the form with the end of year reporting to the Kingdom.

Sender's Name: _____

Street Address: _____

City: _____ State or Province: _____ Zip or Postal Code: _____

Telephone: Home (____) _____ Cell: (____) _____

Email Address _____

SCA Name: _____