

**Alpha Kappa Alpha Sorority, Inc.®
Rho Chi Omega Chapter**

Angel Pageant

Ad Turn-in Form

Angel's Name: _____ Date: _____

Parent's Name: _____ Cell # _____

One receipt will be written to the parent.

Number	Check # or Cash	Organization/Person	Amount
1.			
2.			
3.			
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FOR SORORITY USE ONLY

Amount Collected for this page: \$ _____

Received by: _____