

WRAP COIN IN PAPER BEFORE YOU SEAL IT IN ENVELOPE
Mail this card with your remittance.

Name _____

Address _____

To OHIO ANTI-SALOON LEAGUE, Dr.

Amount per month, .25

Amount for year, 3

Amount paid to date,

Balance due on year, 3

Amount due this quarter, .25

If any error in account please report immediately

You may send any amount less than one dollar, in silver, in attached envelope, at our risk. We prefer that all amounts of one dollar and over be sent by Post Office or Express Money Order, Bank Draft or Personal Check.

Send to DR. H. C. BRAINERD, Treas.,
516 The Arcade, Cleveland, Ohio.

Amount Enclosed

Date MAY 26 1909 No. 2415

H. C. BRAINERD, Treas.,

516 The Arcade,

CLEVELAND, OHIO.

2415

RETURN IN 10 DAYS TO
516 THE ARCADE
CLEVELAND, O.



W. H. Belden,

67 So. Prof. St.

Oberlin, O.

13

CHICAGO
JUN 2 1880
No. 8