



Order of the Eastern Star

State of New York

March 22, 2024

To the 2024 Grand Officers, Members of the Order of the Eastern Star, Masonic & Concordant Families

We are approaching the close of a most exciting year of dedicated service by our M.W. Deirdre McCauley, Grand Matron and M.W. Edward Mosso, Grand Patron. Help us honor them and celebrate this most successful year with a **Testimonial Dinner** at the 155th Grand Chapter Sessions. Join us on **Wednesday, October 16th, 2024** in the Grand Ballroom of the DoubleTree by Hilton Hotel in Binghamton, NY. Social time begins at 6:00 PM with a dinner at 7:00 PM. You will have a choice of Sole Florentine, OR Pan Seared Chicken with a Green Salad, two sides and Chocolate Mousse Cake for dessert for the cost of (\$38.00). Entertainment will be provided. It promises to be a fun filled evening.

Reservations with remittance must be sent by **September 25th, 2024**. **Please complete the form. Checks should be made out to Grand Chapter OES** and mailed to Martha Richardson; 25 Summerfield Court, Central Islip, NY 11722. Please make sure to indicate how many you are making reservations for and include the correct amount and your choice of entrée(s). Within reason special requests will be provided for those with dietary restrictions. We hope that this will be a relaxing and enjoyable evening as we start the 155th Grand Chapter Session and thank our Grand Matron and Grand Patron for their year of service to our Order.

Tickets will not be mailed, but will be distributed by the Dinner Committee in the Main Lobby of the hotel on Wednesday afternoon, October 16, 2024. If you have any questions, please contact me at 845-926-2377.

The Grand Matron and Grand Patron are looking forward to greeting all of you at the **2024 Testimonial Dinner on October 16th, 2024**.

Sincerely,
Daniel Elliott
Grand Marshal

DEADLINE SEPTEMBER 25TH, 2024

Dear Grand Marshal,

Enclosed please find my check/money order made payable to **Grand Chapter OES**.

_____ Sole Florentine **\$38.00**
Number of meals

_____ Pan Seared Chicken **\$38.00**
Number of meals

TOTAL REMITTENCE ENCLOSED....\$ _____

NAME _____ PHONE NUMBER _____

TITLE _____ CHAPTER NAME & # _____

ADDITIONAL NAMES AND TITLES ARE TO BE LISTED ON THE BACK

Special Diet Requirements May be Accommodated. Please Contact Grand Chapter or list restriction on the Back

DO NOT MAIL OTHER FORMS WITH THIS RESERVATION

Mail to: Martha Richardson; 25 Summerfield Court, West Islip, NY 11722