AAHGS QUILT SQUARE SUBMISSION FORM

AAHGS Conference Date: Year 200 ____

Membership # _____

Submitter: _____ Quilter _____

Description of Quilt (Be brief, concise & clear):

_____

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_____

Key words:

_____

_____

Surname (s): State: County:

_____

I, the undersigned, transfer ownership of this square to the Afro-American Historical & Genealogical Society, Inc.

_____ Date: _____

(Signature)

Please forward this filled form to any of the following AAHGS Quilt Coordinators:

Lorraine McCullen - raineymc@aol.com; Jean Freeman - jeanfreeman@bellsouth.net or

Jane Thomas - Janemaur@aol.com; Jackie Jackson - jackehaven@aol.com