UNITED METHODIST WOMEN

THE REMITTANCE FORM

◆◆◆ SUPPLEMENTARY GIFTS - DETAILS FORM ◆◆◆

FOR ALL TREASURERS

LOCAL UNIT: DISTRICT:

CONFERENCE: Western North Carolina PERIOD FROM: TO:

Name of Project	Address	Amount

TOTAL AMOUNT FROM SUPPLEMENTARY GIFTS - DETAILS FORM:

Please add this total to the Remittance Form on the line above subtotal Supplementrary Gifts

Treasurer: Address:

Phone: Fax:

E-mail address: Date: Check #: