

UNITED METHODIST WOMEN

## THE REMITTANCE FORM FOR ALL TREASURERS

Order No. <small>(Please make sure that all orders have a unique order no.)</small>	Date:
Local Unit:	District:
Conference:	Period from: <span style="float:right">To:</span>

Mission Giving	Amount
Pledge to Mission	
Special Mission Recognition	
Gift to Mission <small>Card(s) needed: Yes ( ) No ( ) Please indicate # of cards needed.</small>	
Gift in Memory <small>Card(s) needed: Yes ( ) No ( ) Please indicate # of cards needed.</small>	
World Thank Offering	
Total Mission Giving (Lines 1 thru 5):	
	\$

Supplementary Gifts	Amount
A Call to Prayer and Self-Denial	

Designated Gifts	Amount																					
A Brighter Future for Children and Youth																						
Assembly Offering																						
National and international ministries or projects <small>(if additional pages are needed, complete the Supplementary Gifts Details Form)</small>																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name of project</th> <th style="width:35%;">Address</th> <th style="width:35%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of project	Address	Amount																			
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Total Designated Gifts	\$
Total from Supplementary Gifts Details Form (from Form 7)	\$
Legacy Fund	
Bequest <small>(please attach a copy of the will or excerpt of the will)</small>	
Other Designated Gifts and non-United Methodist Women Giving	
Total Supplementary Gifts:	
	\$

	\$
<b>Total remittance check no.:</b>	<b>TOTAL:</b>
	\$

TREASURER:		
ADDRESS:		
PHONE:	FAX:	EMAIL:
DATE:		