## UNITED METHODIST WOMEN

## THE REMITTANCE FORM

## **♦♦♦** SUPPLEMENTARY GIFTS - DETAILS FORM **♦**♦♦

◆◆◆ SUPPLEMENTART GIFTS - DETAILS FORM ◆◆◆			
	FOR	ALL TREASURERS	
LOCAL UNIT:		DISTRICT:	
CONFERENCE: South Care	olina	PERIOD FROM:	то:
Name	of Project	Address	Amount
	-		-
	т	OTAL AMOUNT FROM SUPPLEMENTARY GIFTS -	DETAILS FORM: \$0.00
F	Please add this total to the Remitta	nce Form on the line above subtotal supplementr	
Treasurer:	Address:		
Phone:	Fax:		
E-mail address:	Date:	Check #:	