UNITED METHODIST WOMEN

THE REMITTANCE FORM

◆◆◆ SUPPLEMENTARY GIFTS — DETAILS FORM ◆◆◆

FOR ALL TREASURERS

Local Unit: **District:**

Conference: **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 Supplementary Gifts

Treasurer: **Address:**

Phone: **Fax:**

E-mail address: **Date:**