PW REMITTANCE FORM-FOR USE BY LOCAL PRESBYTERIAN WOMEN TREASURER

Please Print clearly

	Date:
Remittance from Presbyterian Women	
(Name of Church)	(Name of City)
PLEDGE:	``
CHURCHWIDE MISSION	\$
SYNOD OF SOUTH ATLANTIC	\$
PRESBYTERIAN WOMEN- PRESBYTERY OF ST. AUGUSTINE	\$
	·
PW Birthday Offering	\$
PW Thank Offering	\$
PW Least Coin (Do put amount here if you are sending it to Church Women Un	ited) \$
PW Hunger Fund	\$
PW Summer Medical	\$
Kay Beckman Scholarship Fund	
Honorary Life Membership (Attach additional proper form)	
Honorary Recognition Award (Attach additional proper form)	
Memorial Gift (Attach additional proper form)	
_eadership Endowment Fund.	*
Montgomery Presbyterian Conference Center	··· \$
Mission Haven	
Networkers (Mother's Day Cards)	
Church Women United (City) OR (County)	
Church World Service - Blanket Fund	\$
Columbia Friandshin Circla	\$
Columbia Friendship Circle	\$
Christman International Lleves	\$
Christmas International House	\$
Duvall Home	
Military Retreat (Presbyterian Council for Chaplains)	
Peacemaking	
Student Program- To Whom	\$
Thornwell HouseCottage Name (if supporting specific)	
Jrban Camp	
/illa International	
IC Smith Theological Seminary	
CentsAbility (H000107) (2 cents a Meal)	\$
Fotal Remittance - page 1 continue on page two if necessary	¢
rotal Nemittance - page 1 continue on page two in necessary	\$(Grand total on page two if necessary)
*Other: Print clearly and specify what offering is for and please give address	(Grand total on page two if necessary)
On page 2 of this document**	
on page 2 of this document	
Make check payable to: PRESBYTERIAN WOMEN, PRESBYT	FRY OF ST. AUGUSTINE
, ,	Phone: (904)923-4277
·	Email: Wynettaussery@gmail.com
Jacksonville, FL 32209	Email. Wynellausserywymail.com
Jacksolivilie, FL 32207	
This form prepared	, Treasurer
Address:	
City. Zip code	
Home (Cell) Phone:Email:	
institution of the contract of	

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Please Print clearly

Use this page to write in any Benevolence that is not already printed on the first page

Name	Amount\$	
Address		
City, State, Zip		
Name	Amount\$	
Address		
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City, State, Zip		
т	Total Page 2	

Total Page 2	
Totals Pages 1 and 2	