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 United) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)*……………………………………………..** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leadership 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 Friendship Circle………………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Columbia Seminary (Montreat Archives)…………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Christmas International House…………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duvall Home……………………………………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Retreat (Presbyterian Council for Chaplains)…………………………………….. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peacemaking……………………………………………………………………………………. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Program- To Whom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_............................. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thornwell House………Cottage Name (if supporting specific)……………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urban Camp……………………………………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Villa International……………………………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JC Smith Theological Seminary……………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CentsAbility (H000107) (2 cents a Meal)……………………………………………………………. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Check if total

is on next page)

Total Remittance - page 1 continue on page two if necessary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grand total on page two if necessary)

\*Other: Print clearly and specify what offering is for and please give address on page 2 of this document\*\*

Make check payable to: **PRESBYTERIAN WOMEN, PRESBYTERY OF ST. AUGUSTINE**

Mail to: Lois Morse Cell Phone: (904) 386-6305

7678 Collins Ridge Blvd Email: ldmorse@bellsouth.net

Jacksonville, FL 32244-6419

This form prepared**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** Treasurer

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home (Cell) Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do NOT use this form after December 31, 2019

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

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Total Page 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Totals Pages 1 and 2 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**