

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..... \$ _____
- Kay Beckman Scholarship Fund..... \$ _____
- PW Birthday Offering..... \$ _____
- PW Thank Offering..... \$ _____
- PW Least Coin... (Do not put amount here if you are sending it to Church Women United) \$ _____
- PW Hunger Fund..... \$ _____
- PW Summer Medical..... \$ _____
- PW Networkers (Mother's Day Cards) \$ _____
- Memorial Gift (**Attach additional form**) \$ _____
- Jamaican Mutual Mission (2 cents a Meal) (Through the Presbytery of St. Augustine) \$ _____
- Urban Camp..... (Through the Presbytery of St. Augustine) \$ _____
- Honorary Life Membership (**Attach additional form**) \$ _____
- Honorary Recognition Award (**Attach additional form**) \$ _____
- Christmas International House..... \$ _____
- *Church Women United: City _____ or County _____ \$ _____
- Church Women United - Least Coin: City _____ or County _____ \$ _____
- Church World Service - Blanket Fund..... \$ _____
- Columbia Friendship Circle..... \$ _____
- Columbia Theological Seminary (Montreat Archives) \$ _____
- Duvall Homes..... \$ _____
- JC Smith Theological Seminary..... \$ _____
- Leadership Endowment Fund..... \$ _____
- Mission Haven..... \$ _____
- Montgomery Presbyterian Conference Center..... \$ _____
- Peacemaking..... \$ _____
- Thornwell (if supporting a single cottage) Cottage Name _____ \$ _____
- Villa International..... \$ _____

Total Remittance - page 1 continue on page two if necessary \$ _____ []
 (Total page one only)
 Grand total on page 2

*Please make sure you give address if the officers have changed.

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

Mail to: Lois Morse, Treasurer Email: Idmorse@bellsouth.net
 7678 Collins Ridge Boulevard Phone: (904) 386-6305
 Jacksonville, FL 32244

This form prepared by _____, Treasurer
 Address: _____
 City, Zip code _____
 Home (Cell) Phone: _____ Email: _____

Do NOT use this form after January 15, 2023

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Please Print clearly

Use this page to write in any Benevolence that is not already printed on the first page
Please make sure you include the current address for any benevolence listed on this page.

Name	Amount\$
Address	
City, State, Zip	
Name	Amount\$
Address	
City, State, Zip	
Name	Amount\$
Address	
City, State, Zip	
Name	Amount\$
Address	
City, State, Zip	
Name	Amount\$
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City, State, Zip	
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City, State, Zip	
Name	Amount\$
Address	
City, State, Zip	

Total Page 2 _____
Totals Pages 1 and 2 _____