

**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..... \$ \_\_\_\_\_

Networkers (Mother's Day Cards) ..... \$ \_\_\_\_\_

Memorial Gift (**Attach additional form**) ..... \$ \_\_\_\_\_

Jamaican Mutual Mission (H000107) (2 cents a Meal) ..... \$ \_\_\_\_\_

Honorary Life Membership (**Attach additional form**) ..... \$ \_\_\_\_\_

Honorary Recognition Award (**Attach additional form**) ..... \$ \_\_\_\_\_

Christmas International House..... \$ \_\_\_\_\_

Church Women United (City) \_\_\_\_\_ OR (County) \_\_\_\_\_ \$ \_\_\_\_\_

Church World Service - Blanket Fund..... \$ \_\_\_\_\_

Columbia Friendship Circle..... \$ \_\_\_\_\_

Columbia Theological Seminary (Montreat Archives) ..... \$ \_\_\_\_\_

Duvall Home..... \$ \_\_\_\_\_

JC Smith Theological Seminary..... \$ \_\_\_\_\_

Leadership Endowment Fund..... \$ \_\_\_\_\_

Mission Haven..... \$ \_\_\_\_\_

Montgomery Presbyterian Conference Center..... \$ \_\_\_\_\_

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

Thornwell House..... Cottage Name \_\_\_\_\_ \$ \_\_\_\_\_

Urban Camp..... \$ \_\_\_\_\_

Villa International..... \$ \_\_\_\_\_

Mark if you have pg. 2 ( )

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

(Grand total on page two if necessary)

On page 2 of this document\*\*

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

Mail to: Sharyn Kraemer  
 726 Winifred Drive, N  
 Orange Park, FL 32073

Email: ralphshar@aol.com  
 Phone: (325) 513-9522

This form prepared by \_\_\_\_\_, Treasurer

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

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

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

**PW REMITTANCE FORM-FOR USE BY LOCAL PRESBYTERIAN WOMEN TREASURER**

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

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

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