

THE REMITTANCE FORM FOR ALL TREASURERS

Order No. (Please make sure that all orders have a unique order no.):

Local Unit:

District:

Conference:

Period from:

To:

| Mission Giving | Amount |
|---|-----------|
| 1. Pledge to Mission | |
| 2. Special Mission Recognition | |
| 3. Gift to Mission | |
| 4. Gift in Memory | |
| 5. World Thank Offering | |
| Total Mission Giving (Lines 1 thru 5): | \$ |

| Supplementary Gifts | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------|-----------------|---------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 6. A Call to Prayer and Self-Denial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Designated Gifts | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Brighter Future for Children and Youth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assembly Offering | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scarritt-Bennett Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| World Communion Scholarship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Magazine Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National, international and UMCOR projects (if additional pages are needed, complete the Supplementary Gifts Details Form) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name of project</th> <th style="width: 30%;">Address</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | Name of project | Address | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of project | Address | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Total from Supplementary Gifts Details Form | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal Designated Gifts (line 7 only): | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Legacy Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Bequest (please attach a copy of the will or excerpt of the will) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Other Designated Gifts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Supplementary Gifts (lines 6 thru 10): | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total—total giving for this period (including Special Mission Recognition orders) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less SMRs (and other as applicable) remitted previously (Enter as a positive number.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total remittance Check no.: | TOTAL: \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TREASURER:

ADDRESS:

PHONE:

FAX:

E-mail:

DATE:

