

SPECIAL MISSION RECOGNITION SUMMARY OF ORDERS FOR CONFERENCE TREASURERS

Local Unit: _____ District: _____

Conference: _____ Period from: _____ To: _____

DISTRICT ORDERS ATTACHED (List by name)

District	Amount
	\$

Check no.: _____ Date: _____ Total amount of remittance: \$ _____

This order was (check as appropriate): Faxed Phoned
 Mailed E-mailed to UMWSMR@unitedmethodistwomen.org

FOR UNITED METHODIST WOMEN NATIONAL OFFICE USE ONLY:

Received: _____ Amount: _____

Conference Code: _____