

## SUPPLEMENTARY GIFTS DETAILS FORM FOR ALL TREASURERS

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

Local Unit:

District:

Conference:

Period from:

To:

Name of Project	Address	Amount

<b>Total amount from Supplementary Gifts Details Form:</b>	\$
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*Please add this total to the Remittance Form on the line above subtotal Supplementary Gifts.*

Treasurer:

Address:

Phone:

Fax:

E-mail:

Date: