

Date _____

Amount Remitted \$ _____



**CHRISTIAN
WOMEN**
CONNECTION

LOCAL TREASURER'S MONTHLY REMITTANCE

Indicate in the proper place the amount that you are sending for each project or offering. Be sure the total of these items corresponds with the amount of money enclosed. Send money in check or bank draft (including Christ's Birthday Offering remittance and money designated for special purposes) payable to the **State Christian Women Connection Treasurer**. All monies received are due World Service Credit except in the first box marked "No World Service Credit."

Local Treasurer _____

Daytime Phone _____

Address _____

Email Address _____

City/State/Zip _____

FAX number _____

Congregation _____

Pastor _____

OPERATION (NO WORLD SERVICE CREDIT)	
Basic Partnership	\$
Lifetime Partnership	\$
Lifetime Partnership Pin	\$
Honorary Gift Pin	\$
Honorary Gift Plaque	\$
State Promotion	\$
Connect One	\$
National Promotion	\$

NATIONAL CHRISTIAN WOMEN CONNECTION BUDGET	
Missions Outreach	\$
Christ's Birthday Offering	\$
The Mary Gift	\$
Honorary Gifts	\$
In Memoriam Gifts	\$
Memorial Tribute Gifts	\$
Change the World (P-A-D)	\$
Spiritual Birthday	\$

DESIGNATED FOR SPECIFIC PURPOSES	
Hunger Fund	\$
Linen Chest	\$
National Finance Project	\$
State Projects (Please List)	\$

Please remit all
Children of Promise funds
directly to:
Children of Promise
PO BOX 2316
Anderson, IN 46018-2316
1-800-848-2464

Please remit
Church of God Ministries
Project Link funds
directly to:
Church of God Ministries
PO BOX 2420
Anderson, IN 46018-2420
1-800-848-2464

NAMES FOR LIFETIME PARTNERSHIP CARDS AND HONORARY/MEMORIAL CERTIFICATES

Give information in full on request forms and send to the State Treasurer with remittance. Order additional forms from the State.

Life Partnership:
Life Partnership:
Memorial Certificate:
Memorial Certificate:

Honorary Plaque:
Honorary Plaque:
Honorary Certificate:
Honorary Certificate: