UNITED METHODIST WOMEN

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: