UNITED METHODIST WOMEN

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
	Total amount from Supplementary Gifts Details Form:	**$**

Please add this total to the Remittance Form on the line above subtotal Supplementary Gifts.

Treasurer:

Address:

Phone: **Fax:** **E-mail:**

Date: