

INTERNATIONAL ASSOCIATION OF MINISTERS' WIVES AND MINISTERS' WIDOWS, INCORPORATED

LOCAL PRESIDENT REPORT

1 NAME OF LOCAL ORGANIZATION: _____
 NAME OF STATE ORGANIZATION: _____
 CONVENTION CITY: _____ STATE _____ DATE _____ 20__

2 Please Submit by April 30	AMT PAID PRIOR THIS REPORT DATE _____	AMT PAID W/ THIS REPORT	TOTAL FOR YEAR
Send all copies to Financial Secretary			
Local Organization Fee \$100.00 annum			
Founder's Day			
International Conference Support			
Ways & Means			
Commission on Student Affairs (scholarship)			
• Ada M. Palmer Scholarship Fund			
• E.C. Bouey Scholarship Fund			
• Gladden-Johnson Scholarship Fund			
• Rendella L. Gayton Scholarship Fund			
Headquarters Special Project			
TOTAL ▶			

3 Name of Local President: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name of Local Secretary: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

4 MAKE MONEY ORDERS/ORGANIZATION CHECKS PAYABLE TO: IAMWMW
 SEND A COPY OF THE FORM AND PAYMENT TO:
 Dr. Loretta H. Dennis
 3925 River Bluffs Place
 Richmond, VA 23223

On Site Registration Cash or Money Order Only-NO CHECKS

INT'L AMWMW OFFICE USE ONLY

Date Received _____ Total \$ _____
 Method of Payment: Cash _____ Credit Card _____ Visa MC
 Check Personal # _____ Assn# _____ Money Order# _____
 Receipt # _____