

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**
Send all copies to Financial Secretary

AMT PAID PRIOR THIS REPORT DATE _____	AMT PAID W/ THIS REPORT	TOTAL FOR YEAR
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		
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 ALL COPIES OF THE FORM OF PAYMENT TO
 Mrs. Loretta H. Dennis
 3925 River Bluffs Pl.
 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 # _____

Revised