

INTERNATIONAL ASSOCIATION OF MINISTERS' WIVES and MINISTERS' WIDOWS, INC.
Dr. Margaret Brown Payton, International President



DIRECTORY ORDER FORM

Date: _____

PLEASE PRINT

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE/NATION: _____ ZIP: _____

PHONE NUMBER: _____
Area Code Number

**PLEASE COMPLETE ALL FIELDS.
INCOMPLETE FORMS DELAY MAILING.**

DIRECTORY COST: (includes shipping and handling) **\$35.00** QTY _____ \$ _____

PAYMENT TYPE

(No Personal Checks)

(Acceptable forms of payment are Organizational Checks, Money Order or Cashier's Check)

Mail Form and Payment to:

**Dr. Loretta H. Dennis
3925 River Bluffs Place
Richmond, VA 23223**

For questions or concerns regarding mailing, call (804) 359-0767.

FINANCE OFFICE USE ONLY

Date Received: _____ Total \$ _____

Check: Organization # _____ Money Order or Certified Check# _____

Receipt # _____