

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

STATE PRESIDENT REPORT

1 NAME OF STATE ORGANIZATION: _____
 CONVENTION CITY: _____ STATE _____ DATE _____ 20____

2 **Please Submit by April 30**
Send all copies to Financial Secretary
 List Local Chapter ONLY in your state or nation: *(funds are reflected on local report blank)*

	AMT PAID PRIOR THIS REPORT	AMT PAID W/ THIS REPORT	TOTAL FOR YEAR
State Organization Fees \$150.00 per annum			
Founder's Day			
Headquarters Special Project			
International Conference Support			
Commission on Student Affairs (scholarship)			
• Ada M. Palmer Scholarship Fund			
• E.C. Bouey Scholarship Fund			
• Gladden-Johnson Scholarship Fund			
• Rendella L. Gayton Scholarship Fund			
Ways & Means			
TOTAL			

4 Name of State President: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name of State Secretary: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

5 **MAKE MONEY ORDERS/ORGANIZATION CHECKS PAYABLE TO: IAMWMW**
SEND A COPY OF THE FORM AND PAYMENT TO
 Dr. 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 # _____