



United Women in Faith

Virginia Conference Remittance Form for Units

Local Unit: _____

District: _____

Date submitted: _____ Period from: _____ to: _____

Table with columns for description, amount, and donation status. Includes sections for MISSION GIVING, SUPPLEMENTARY GIFTS, and TOTAL INCLUDED.

Please make checks payable to your District United Women In Faith.

Send to: Your District Treasurer!

Remittance prepared by: _____

Address: _____

Phone: _____

Email: _____