



**WOMEN'S MISSIONARY
FEDERATION**

2024 TRANSMITTAL FORM

PLEASE FILL IN INFORMATION COMPLETELY

Church Name _____

City/State _____

WMF Treasurer: _____

Address _____

City/State _____ Zip _____

Phone: _____ email _____

\$ AMOUNT

_____ **CHRISTIAN EDUCATION** (January, May, and September)
(divided evenly or designate below)

_____ Parish Education

_____ FLBC/FLS

_____ **HOME MISSIONS** (April, August, and December)

_____ **WORLD MISSIONS** (March, July, and ~~October~~ ^{November})

_____ **WMF GENERAL FUND** (February, June, and October)

_____ **CONVENTION OFFERING** (all 4 projects)

_____ **TOTAL AMOUNT** **CHECK #** _____

IN MEMORIAM:

In Memory of: _____

City, State: _____

Designate to: ___ World Missions ___ Home Missions

___ Parish Ed ___ FLBC ___ FLS ___ WMF General Fund

Please make one check payable to **WMF OF AFLC**. Mail to the National Treasurer, Margie Lee, PO Box 118, Beulah ND 58523. Any questions, call 701-870-2259 or email at margieleend@gmail.com.