

LOCAL UNIT DECEASED MEMBER REPORT

Due August 15, 2020

Name of Local Unit _____

Name of District: _____

Local Unit Spiritual Growth Coordinator _____

Address _____

Telephone Number: _____

E-mail Address: _____

List below the names of deceased **United Methodist Women members who passed away between August 1, 2019 and July 31, 2020.** If none, please indicate on form and return. These names will be used in the Memorial Service at District and Annual Conference Meetings.

Please print legibly names of deceased members:

1. _____

2. _____

3. _____

4. _____

5. _____

(List any additional names on the back of this form or another sheet.)

MAIL THIS FORM TO:

Evelyn Box, Spiritual Growth Coordinator
11824 Andrea Dr.
Jacksonville, FL 32218

Eve32218@gmail.com