

Woman's Auxiliary Funds Report

Date _____

PLEASE PRINT & CIRCLE ONE. EITHER UNION 1 OR 2, MASS MEETING, ASSOCIATION OR JOINT UNION.

ALL CHECKS SHOULD BE WRITTEN OUT TO THE WOMAN'S HOME & FOREIGN MISSION!!!!!!!

Union 1.

Name of Church _____

Circle/Senior \$ _____

Youth \$ _____

Youth Adult \$ _____

Queen Amount \$ _____

Name of Queen _____

IF NO QUEEN, PLEASE WRITE NO QUEEN _____

TOTAL AMOUNT REPORTING \$ _____

Union 2.

Name of Church _____

Circle/Senior \$ _____

Youth \$ _____

Youth Adult \$ _____

Queen Amount \$ _____

Name of Queen _____

IF NO QUEEN, PLEASE WRITE NO QUEEN _____

TOTAL AMOUNT REPORTING \$ _____

Mass Meeting

Name of Church _____

Circle/Senior \$ _____

Youth \$ _____

Youth Adult \$ _____

TOTAL AMOUNT REPORTING \$ _____

TURN PAGE OVER

Joint Union

Name of Church _____

Circle/Senior \$ _____

Youth \$ _____

Youth Adult \$ _____

Queen Amount \$ _____

Name of Queen _____

IF NO QUEEN, **PLEASE WRITE NO QUEEN** _____

TOTAL AMOUNT REPORTING \$ _____

Association

Name of Church _____

Circle/Senior \$ _____

Youth \$ _____

Youth Adult \$ _____

Queen Amount \$ _____

Name of Queen _____

IF NO QUEEN, **PLEASE WRITE NO QUEEN** _____

TOTAL AMOUNT REPORTING \$ _____