

FUND DESIGNATION FORM

July 1, 2010-June 30, 2011

Date: _____

Church Name: _____

Women's Ministry Director: _____

Address: _____

Phone Number: _____

E-Mail: _____

Please apply check as follows:

\$ _____ National Expense Fund (\$50)

\$ _____ District Ministry Fund (\$50)

\$ _____ Outfit Fund (for IW use overseas)

\$ _____ Back to Basics (for IW use during home assignment)

\$ _____ National Project (Please attach the National Project Designation Form)

\$ _____ **TOTAL**

Make checks payable to "WGL Alliance Women Ministries," include a copy of this form, and mail to our AWM District Treasurer:

WGL District Office
Attn: AWM District Treasurer
W6107 Aerotech Drive
Appleton, WI 54914-7504

*This form, and the National Project designation form,
may be downloaded and printed off at:*

<http://www.wglcma.org/AWM/AWMFinances.htm>

Questions? Please don't hesitate to call or e-mail Deb Bruss at
262.567.2407 or deb@crosspointwi.com