WOMEN'S MISSIONARY FEDERATION

2026 TRANSMITTAL FORM

PLEASE FILL IN INFORMATION COMPLETELY

Church Name_____

City/State _____

WMF Treasurer: _____

Address_____

City/State _____ Zip_____

Phone: _____ Email_____

$ AMOUNT

_____ HOME MISSIONS (February, June, and October)

_____ WORLD MISSIONS (January, May, and September)

_____ GENERAL FUND (April, August, and December)

_____ CHRISTIAN EDUCATION (March, July and November)

(divided evenly or designate below)

_____ Parish Education

_____ FLBC/FLS

_____CONVENTION OFFERING (all 4 projects)

_____OTHER_____

_____TOTAL AMOUNT CHECK #_____

_____ IN MEMORIAM:

In Memory of: _____

City, State: _____

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 margieleend@gmail.com.