

South Atlantic District Alliance Women

Date _____

Church _____

City and State _____

AW Group Name _____

AW President _____

AW Treasurer _____

Treasurer's Address _____

Telephone # _____ E-mail _____

DESIGNATION:

District Operating Fund (\$10/ Month) \$ _____

Outfit Fund _____

National Project _____

National Operating Expense (\$20/YR) _____

Other _____

Total check \$ _____

Payment Period:

Monthly ___ Quarterly ___ Biannually ___ Annually ___

Make all checks payable to: **SOUTH ATLANTIC DISTRICT ALLIANCE WOMEN**

Mail to: Connie Moore
PO Box 681
Rural Hall, North Carolina 27045-0681
Telephone 336.969.6129 E-mail mooredc@alltel.net

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