

Payment Voucher

Date: _____

Name of Church: _____

City/State: _____

Treasurer's Name: _____

Treasurer's Email (optional): _____

Director's Name: _____



Distribution

Annual Project – *Simply Fragrant* \$ _____ *

District Expense Fund (\$10/month minimum) \$ _____

National Expense Fund (\$50/annual) \$ _____ *

Outfit Call (\$10/month minimum) \$ _____

TOTAL OF CHECK \$ _____

**We will forward these funds to the national AWM*

Make checks payable to: M.A.D. Alliance Women's Ministries
Mail to: Paula Walker
810 La Crosse Avenue
Severna Park, MD 21146

Contact: paulamwkr@aol.com (301) 802-3303

Payment Voucher

Date: _____

Name of Church: _____

City/State: _____

Treasurer's Name: _____

Treasurer's Email (optional): _____

Director's Name: _____



Distribution

Annual Project – *Simply Fragrant* \$ _____ *

District Expense Fund (\$10/month minimum) \$ _____

National Expense Fund (\$50/annual) \$ _____ *

Outfit Call (\$10/month minimum) \$ _____

TOTAL OF CHECK \$ _____

**We will forward these funds to the national AWM*

Make checks payable to: M.A.D. Alliance Women's Ministries
Mail to: Paula Walker
810 La Crosse Avenue
Severna Park, MD 21146

Contact: paulamwkr@aol.com (301) 802-3303

Payment Voucher

Date: _____

Name of Church: _____

City/State: _____

Treasurer's Name: _____

Treasurer's Email (optional): _____

Director's Name: _____



Distribution

Annual Project – *Simply Fragrant* \$ _____ *

District Expense Fund (\$10/month minimum) \$ _____

National Expense Fund (\$50/annual) \$ _____ *

Outfit Call (\$10/month minimum) \$ _____

TOTAL OF CHECK \$ _____

**We will forward these funds to the national AWM*

Make checks payable to: M.A.D. Alliance Women's Ministries
Mail to: Paula Walker
810 La Crosse Avenue
Severna Park, MD 21146

Contact: paulamwkr@aol.com (301) 802-3303

Payment Voucher

Date: _____

Name of Church: _____

City/State: _____

Treasurer's Name: _____

Treasurer's Email (optional): _____

Director's Name: _____



Distribution

Annual Project – *Simply Fragrant* \$ _____ *

District Expense Fund (\$10/month minimum) \$ _____

National Expense Fund (\$50/annual) \$ _____ *

Outfit Call (\$10/month minimum) \$ _____

TOTAL OF CHECK \$ _____

**We will forward these funds to the national AWM*

Make checks payable to: M.A.D. Alliance Women's Ministries
Mail to: Paula Walker
810 La Crosse Avenue
Severna Park, MD 21146

Contact: paulamwkr@aol.com (301) 802-3303