

South Carolina Conference
Women's Ministries Local Church Monthly/Quarterly Report Form

**This form should be completed by the local WM Secretary and mailed to the
SC Conference by the 30th of the month/quarter ****

South Carolina Women's Ministries
PO Box 1689
Lake City, SC 29560

Church _____ District _____
Mailing Address _____ City _____ Zip Code _____
WM Sec/Treas: _____ Phone () _____

The following funds are included in this check from our church:

Date _____ Check # _____ Amount of Check \$ _____

For:

Women's Ministries Tithes..... _____

Women's Ministries Vision Partner Donation (\$75.00 a year)..... _____

Women's Ministries Founder's Day Offering..... _____

Christmas 4 Missionaries..... _____

Blanche L. King Scholarship Fund - For children of IPHC Missionaries..... _____

V4 Education (Feast of Ingathering)..... _____
(Attach sheet from SC Resource Manual with breakdown of each school)

Harvest Train..... _____

Royal Home..... _____

Designated Missions..... _____
(Attach sheet with breakdown listing first & last names of missionaries ~ support, gift, or special project)

Other..... _____

CHECK TOTAL \$ _____