UNITED WOMEN IN FAITH



United Women in Faith SPECIAL MISSION RECOGNITION (SMR) PIN AND CERTIFICATE ORDER FORM FOR ALL TREASURERS

| Local Unit: | | SMR Order #: | | |
|--------------------------------|---|--|------------------------------|--|
| District: | South East District | Order Date: | | |
| Conference: | <u>Florida</u> | Period From: | To: | |
| | | easurer. Leave "Send To" blank if pin ships to tr | | |
| | | OT NEEDED IF SUBMITTED ONLINE. If paper, s Send To" blank if pin ships to treasurer listed at | | |
| | | NLINE. If paper, complete this form for any confe | | |
| | | listed at bottom. Send copies of all district and | | |
| forms to Mission instructions. | Resources. See Special Mission | Recognition Conference Summary of Orders for | orm for remittance | |
| SPECIAL MIS | SSION RECOGNITION OF | RDERS | | |
| # PIN TYPE OR DONATION ONLY | , HONOREE NAME (IF KNOWN) | GIVEN BY | \$ VALUE | |
| 1 | | | | |
| SEND TO: (NAME & ADDRESS) | | | | |
| 2 | | | | |
| SEND TO: (NAME & ADDRESS) | | | | |
| 3 | | | | |
| SEND TO: (NAME & ADDRESS) | | | | |
| 4 | | | | |
| SEND TO: (NAME & ADDRESS) | | | | |
| 5 | | | | |
| SEND TO: (NAME & ADDRESS) | | | | |
| 6 | | | | |
| SEND TO: (NAME & ADDRESS) | | | | |
| 7 & ADDRESS) | | | | |
| SEND TO: (NAME & ADDRESS) | | | | |
| 8 | | | | |
| SEND TO: (NAME & ADDRESS) | | | | |
| W ADDITEOU | Total Sp | ecial Mission Recognition (enter on Remittance | Form) \$ | |
| | | Remittance Check No | • | |
| | | \$200 Emerald, \$500 Ruby, \$1,000 Diamond, \$2 | | |
| | ether you are purchasing the Cross Pir nal forms if needed. | or Logo pin. Pins come with one certificate. Extra | a certificates are \$5 each. | |
| Prepared by: | | | , Treasurer | |
| Address: | - | | | |
| Phone: Email: | | Fax: | | |
| Make checks | payable to: | Submit to: Jan H. Peel, Treasurer | | |
| | istrict UM Women | 450/5 CW/100 - 101 | | |
| Journ Last D | ISTRICT OWN WORREST | Miami, FL 33157 | | |
| | | (Keep a copy of submitted forms for | r your financial records.) | |