

Key Women: Please complete this form when you turn in Church Women United Memberships

Church Name: _____

Key Woman: _____ **Date of turning in to CWU:** _____

Number of INDIVIDUAL memberships at \$5.00 turning in today: _____

Number of CHURCH memberships turning in today: _____

Any additional donations? Yes _____ No _____ If yes, how much money in donations? _____

Total cash today: _____ **Total of checks today:** _____ **Total cash/checks:** _____

Memberships included in this packet:

	Name	Cash or check	Membership amount	Donation amount	TOTAL amount
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