

REMITTANCE FORM

WV Conference Treasurer, PO Box 2469, Charleston, WV 25329-2469
 Phone: 1-800-788-3746 or 344-8331 Ext 40 Email: cremittance@aoi.com

Church: _____

Church #

Charge Name: _____

Check #

District Name: _____

ENTER AMOUNTS HERE

Category I – Ministerial Support
Category II – World Service & Conference Benevolences
Category III – Administration & General Funds
Distribute payment based on Conference Budget Percentage

1
2
3
Auto Distribute

\$	
\$	
\$	
\$	

Use this space only for specific designated funds.
For _____
For _____
For _____
For _____
For _____
For _____

Conf 3 digit fund number

\$	
\$	
\$	
\$	
\$	
\$	
\$	

PLEASE PRINT YOUR NAME, ADDRESS, PHONE #, AND EMAIL BELOW. *** CHECK BOX IF INFORMATION IS NEW OR CHANGED!

Name _____
Address _____
City & State _____
Phone _____
Email _____
Check Box if New Information <input style="width: 20px; height: 15px;" type="checkbox"/>

Check Total \$ _____
Date ____ / ____ / ____