

**EPISCOPAL CHURCH WOMEN
Diocese of Arkansas
Contribution Form**

Date of Contribution _____

This is a *congregational* contribution from:

Church name _____

Mailing address _____

City _____ State _____ Zip _____

OR, this is a *personal* contribution from:

Name _____

Mailing address _____

City _____ State _____ Zip _____

Contribution Designation to:

* YOUR congregation's support of Arkansas ECW \$ _____

* United Thank Offering (UTO) \$ _____

* Church Periodical Club (CPC) \$ _____

* Miles of Pennies (MOP) \$ _____

* ECW Foundation
In Memory/Honor/Thanksgiving of/for _____

_____ \$ _____

Total Contribution Amount \$ _____

* **ALL** checks must be made payable to: **ECW in Arkansas**, with appropriate designation in the memo line.

Mail payment and this form to ECW Treasurer:

Anabelle Steelman
4194 N. Hwy. 112
Fayetteville, AR 72704
479-249-4769
anabelle.sb42@gmail.com