

## PW-NCP Funds Transmittal Form

Church Name: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Fund(s) to be credited	Amount
Local Support @ \$3.00/person	
Worldwide Mission Support	
Birthday Offering (Spring)	
Thank Offering (Fall)	
Honorary Life Membership \$95/Silver	
Honorary Life Membership \$250/Gold	
Memorial/Recognition Gifts	
Least Coin	
Other	

Please make the check payable to PW-NCP.

Mail to:  
June Eakin, Treasurer  
13221 Glenhill Rd  
Silver Spring, MD 20904-3260  
(301) 873-4794  
[june.eakin@mac.com](mailto:june.eakin@mac.com)

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