

MidAmerica District Alliance Women
Contribution Form

Date _____

Church Name/Address _____

Phone/Email _____

Contact Name (Treasurer or Local Director) _____

District Ministry Fund (receipt by **Sept. 30**) \$ _____

National Ministry Fund (receipt by **Sept. 30**) \$ _____

National Project (receipt by **May 15**) \$ _____

IW Care Fund (formerly Outfit Fund) (receipt by **Nov. 15**) \$ _____

Other (please explain on reverse side) \$ _____

Total amount enclosed \$ _____

Check Number _____

Please make all checks payable to "MidAmerica District Alliance Women"

Memo line: Name of the fund(s) you are contributing to

If you would like a receipt, please check here: ☐

Mail to: Peggy Schlieker
18412 Nina St
Omaha, NE 68130

Questions? Contact Peggy at peggyschlieker@gmail.com or 402-681-5152

ALLIANCE**WOMEN**