

Kimball Women of the ELCA
Report of the Circle Treasurer



Circle Name: _____

Month/Year: _____

List of Offerings and Amounts:

Birthday Offering (optional)	_____
Gifts for Specific Ministries	_____
Local WELCA	_____
Monthly NC WELCA	_____
Others (specify):	_____
_____	_____
_____	_____
Programs, Bible Study Books, etc.	_____
Scholarship Fund	_____
Southern Seminary Auxilliary (March)	_____
Thank Offering (May or Novembers)	_____
Total:	_____

Send cash or make checks payable to:

Kimball Women of the ELCA

Please send by the 10th of each calendar month to attention of:

Gail Anderson 1007
Alabama St
Kannapolis, NC 28083

704-467-6537

Thank You!

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