



**Ministers' Spouses Widows & Widowers Department  
Christian Methodist Episcopal Church**

**(2019 2020 Report Form)**

Episcopal District \_\_\_\_\_ Region Name \_\_\_\_\_

Please use this form to report all MSWWD income. It should be completed and sent by the Region President. Be sure your entries and the Total Income Reported match the check amount submitted. Please report Widows and Widowers only on the Widow's Form. Make additional copies as you need. **Please make ALL checks payable to the "Ministers' Spouses Widows & Widowers Department" and mail to the Financial Secretary's home address listed below:**

**Mrs. Audrey Johnson - 4945 Bradfield Run - Memphis, TN 38125  
Cell (901)487-7368 Email: amaxjohnson@aol.com**

**INCOME & SOURCE**

***(Dues are due by January 15 th of each year. Please return this form completed.)***

- 1. Members @ **\$10.00 per Member** \$ \_\_\_\_\_
- 2. Widow/Widower Members @ **\$10.00 per Member** \$ \_\_\_\_\_
- 3. Affiliate(**Aff**) Members @ **\$10.00 per Member** \$ \_\_\_\_\_

***THE INCOME LISTED BELOW IS DUE NO LATER THAN AUGUST 1, 2020***

- 4. Widow's Mite Gift @ **\$100 per Widow/Widower** \$ \_\_\_\_\_
- 5. Barbara H. Sommerville Scholarship \$ \_\_\_\_\_
- 6. National Asking **\$200 per Region** \$ \_\_\_\_\_
- 7. Social Concerns \$ \_\_\_\_\_
- 8. Other \$ \_\_\_\_\_

**TOTAL INCOME REPORTING** \$ \_\_\_\_\_

Submitted by Region President \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone(home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address \_\_\_\_\_



**Ministers' Spouses Widows & Widowers Department**  
**Christian Methodist Episcopal Church**  
**Active Members' Information Form**

Episcopal District \_\_\_\_\_ Region Name \_\_\_\_\_ District \_\_\_\_\_

Region Conference President \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ City/

State \_\_\_\_\_ Zip \_\_\_\_\_

**(Please Do Not Include Widows and Widowers on this form)**

Name & Address	Mem	Aff	Name & Address	Mem	Aff
1.			5.		
Phone#			Phone#		
2.			6.		
Phone#			Phone#		
3.			7.		
Phone#			Phone#		
4.			8.		
Phone#			Phone#		



**Ministers' Spouses Widows & Widowers Department**  
**Christian Methodist Episcopal Church**  
**Active Members' Information Form**

Episcopal District \_\_\_\_\_ Region Conference \_\_\_\_\_ District \_\_\_\_\_

Region Conference President \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**(Please Do Not Include Widows or Widowers on this list)**

Name & Address	Mem	Aff	Name & Address	Mem	Aff
9.			13.		
Phone#			Phone#		
10.			14.		
Phone#			Phone#		
11.			15.		
Phone#			Phone#		
12.			16.		
Phone#			Phone#		



**Ministers' Spouses Widows & Widowers Department  
Christian Methodist Episcopal Church**

**Widows & Widowers' Contact Information Form**

Date \_\_\_\_\_ Episcopal District \_\_\_\_\_ Region Conference \_\_\_\_\_

Region Conference President \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Name & Address	Mem	Aff	Name & Address	Mem	Aff
1.			6.		
Phone#			Phone#		
2.			7.		
Phone#			Phone#		
3.			8.		
Phone#			Phone#		
4.			9.		
Phone#			Phone#		
5.			10.		
Phone#			Phone#		



**Ministers' Spouses Widows & Widowers Department**  
**Christian Methodist Episcopal Church**  
**Widows & Widowers' Contact Information Form**

Date \_\_\_\_\_ Episcopal District \_\_\_\_\_ Region Conference \_\_\_\_\_

Annual Conference President \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Name & Address	Mem	Aff	Name & Address	Mem	Aff
11.			16.		
Phone#			Phone#		
12.			17.		
Phone#			Phone#		
13.			18.		
Phone#			Phone#		
14.			19.		
Phone#			Phone#		
15.			20.		
Phone#			Phone#		