

Local & State Unit Annual Report Form

REPLACES LOCAL & STATE UNIT OFFICERS FORM

Due: Annually by January 31

Unit Name: _____ Local ____ State ____

EIN Tax ID#: _____ Calendar/Fiscal Year: _____

Unit Officers:

(Please *print* legibly and be sure to fill out BOTH sides of this form)

President OR Main Unit Contact:

Address: _____

City, State, Zip: _____

Phone: _____

e-mail: _____

Treasurer:

Address: _____

City, State, Zip: _____

Phone: _____

e-mail: _____

Communications Chair:

Address: _____

City, State, Zip: _____

Phone: _____

e-mail: _____

Action Chair:

Address: _____

City, State, Zip: _____

Phone: _____

e-mail: _____

Celebrations Chair:

Address: _____

City, State, Zip: _____

Phone: _____

e-mail: _____

Please fill out BOTH sides 

Celebration	Number Present	# Participating Churches/Communions	Offering
<i>May Friendship Day</i>			\$
<i>World Community Day</i>			\$
<i>Human Rights</i>			\$
<i>Fellowship of Least Coin</i>			\$
<i>World Day of Prayer</i>			\$
<i>Alternative Celebrations:</i>			\$
<i>State Assembly</i>			

Annual Financial Report:

	Date	Amount	Budget	Comments
Beginning Balance				
Income				
Expenses				
Ending Balance				

Local Unit Pledge to State: **Amount Pledged:** _____ **Paid:** _____ **When:** _____
Local Unit Pledge to National: **Amount Pledged:** _____ **Paid:** _____ **When:** _____
State Pledge to National: **Amount Pledged:** _____ **Paid:** _____ **When:** _____

Special Projects and Activities:

E-mail to: djamillahsamad@churchwomen.org

Or Mail to: 475 Riverside Drive, Suite 243, New York, NY 10115

DON'T FORGET!

1. Send a copy to your State president (Address in CWU Directory-included in AIM Packet)
2. Send a copy to your Regional Coordinator (Address in CWU Directory-included in AIM Packet)
3. Retain a copy for your records
4. For additional information or help with this form please call: (800)298-5551, #1, or (212) 870-2347, #1.