Local & State Unit Annual Report Form
REPLACES LOCAL & STATE UNIT OFFICERS FORM

Due: Annually by January 31
E-mail to: cwu@churchwomen.org
Or Mail to: 475 Riverside Drive, Suite 243, New York, NY 10115

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:

Fill out BOTH sides of this form →
### Celebration

<table>
<thead>
<tr>
<th>Celebration</th>
<th>Number Present</th>
<th># Participating Churches/Communions</th>
<th>Offering</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>May Friendship Day</em></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><em>World Community Day</em></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><em>Human Rights</em></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><em>Fellowship of Least Coin</em></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><em>World Day of Prayer</em></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><em>Alternative Celebrations</em></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><em>State Assembly</em></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

### Annual Financial Report:

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Amount</th>
<th>Budget</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending Balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 (attach a separate page as necessary):**

- 
- 
- 

**DON’T FORGET!**

1. Send a copy to your State president (Address in CWU Directory or call the National Office)
2. Send a copy to your Regional Coordinator (Address in CWU Directory or call the National Office)
3. Retain a copy for your records

For additional information or help with this form call the National Office at 212-870-2347

**STAY IN TOUCH**

- Check this box if you would like all of your unit’s officers to be subscribed to CWU’s bi-monthly email digest “On Our Way Together” for regular CWU updates!

*Note: only those officers who list an email address will be subscribed. Every member of CWU is welcome to subscribe—email cwu@churchwomen.org to request to be added to our email list. Subscription to On Our Way Together is free.*