

**Western New York District  
Wesleyan Church  
TREASURER'S REMITTANCE BLANK**

Local Church: \_\_\_\_\_  
Local Treasurer \_\_\_\_\_  
Address \_\_\_\_\_

District Budget \_\_\_\_\_

U.S.F. General \_\_\_\_\_

U.S.F. Education \_\_\_\_\_

District Church Extension \_\_\_\_\_

Health Insurance \_\_\_\_\_

Property Insurance \_\_\_\_\_

Life Insurance \_\_\_\_\_

Workmen's Comp. \_\_\_\_\_

Mission Project Rec \_\_\_\_\_

Women's Retreat \_\_\_\_\_

Youth \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL DEPOSIT \_\_\_\_\_

Check No. \_\_\_\_\_ Received: \_\_\_\_\_

**Send all but Insurance Monies to:  
WNY District Wesleyan Church  
PO Box 43**

**Send Insurance Monies to:  
Mrs. Cathy Kelley  
7282 State Route 305**

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**Angola, NY 14006**

**Belfast, NY 14711**

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