

**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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