



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

2022 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 15th 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 May 15, 2022

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

Please Print

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

