

### Payment Voucher

Date: \_\_\_\_\_

Name of Church: \_\_\_\_\_

City/State: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

Treasurer's Email (optional): \_\_\_\_\_

Director's Name: \_\_\_\_\_



#### Distribution

Annual Project – *Pass the Salt* \$ \_\_\_\_\_ \*

District Expense Fund (\$10/month minimum) \$ \_\_\_\_\_

National Expense Fund (\$50/annual) \$ \_\_\_\_\_ \*

Outfit Call (\$10/month minimum) \$ \_\_\_\_\_

TOTAL OF CHECK \$ \_\_\_\_\_

*\*We will forward these funds to the national AWM*

Make checks payable to: M.A.D. Alliance Women's Ministries

Mail to: **Danita Hogue**  
**7997 Kenmore Drive**  
**Mechanicsville, VA 23111**

**eugohatinad@aol.com (804)304-6910**

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