

South Carolina Women of the ELCA
Conference Meeting/Event Report
(to be completed by Conference Secretary)

Conference Name _____

Meeting Place _____

Date and Time _____

of Units in Attendance _____ # of Units in Conference _____

Total in Attendance from Units _____

Board Members Present _____

Pastors/Guest Present =====

Total Attendance _____

New Officers Elected yes ___ no _____

If yes, fill out Conference Leaders Form and send copy to SWO Secretary

Next Meeting/Event Date and Time _____

Location _____

Summary of Meeting/Activities or attach agenda

Comments/Questions/Concerns

Mail copy to the SC WELCA Synodical Secretary

South Carolina Women of the ELCA
Cash Record

Event: _____

Date: _____

Cash received:

\$20	x	_____	=	\$ _____
\$10	x	_____	=	\$ _____
\$ 5	x	_____	=	\$ _____
\$ 1	x	_____	=	\$ _____
Change			=	\$ _____
				=====

Total cash \$ _____

Signature: _____

Signature: _____

Convert cash to check for remittance to SC WELCA Synodical Treasurer

Women of the EVANGELICAL LUTHERAN CHURCH IN AMERICA
 South Carolina Synodical Women's Organization (SWO)

For use by Conference

Date: _____

Conference #: _____ **Conference Name:** _____

CONFERENCE FINANCIAL SECRETARY

Name: _____

Address: _____ PHONE: _____

City/State/Zip: _____ EMAIL: _____

=====

OFFERING REMITTANCE (Make checks payable to SC WELCA)

<u>Name</u>	<u>Check Date</u>	<u>Check #</u>	<u>Amount</u>
Total Offering			

Offering Counted by _____

Offering Checked by _____

MAKE CHECKS PAYABLE TO "SC WELCA"

REQUEST FOR DISBURSEMENT **Amount**

Payment to _____ \$ _____

Address _____

City/State/Zip _____

Purpose: _____

Cash should be converted to a check.

Mail the cash record form with this form and all checks to:

South Carolina WELCA Synodical Treasurer



South Carolina Women of the ELCA Conference Leaders Update Form

Name of Conference _____ Year _____ to _____

Coordinator _____

Address _____

Phone (Cell) _____ Phone (Home) _____

Email _____

Church _____ City _____

Secretary/Recorder _____

Address _____

Phone (Cell) _____ Phone (Home) _____

Email _____

Church _____ City _____

Financial Secretary _____

Address _____

Phone (Cell) _____ Phone (Home) _____

Email _____

Church _____ City _____

Please give this completed form to Board Liaison or mail the completed form to the Synodical Secretary as soon as new officers are elected. Your cooperation in keeping up to date is greatly appreciated.

SC WELCA Synodical Secretary



**South Carolina Women of the ELCA
Congregational Unit Leaders Update Form**

Year _____ to _____

Name of Church _____

City _____

Name of Conference _____

President/Coordinator _____

Address _____

Phone (Cell) _____ **Phone (Home)** _____

Email _____

Secretary/Recorder _____

Address _____

Phone (Cell) _____ **Phone (Home)** _____

Email _____

Treasurer _____

Address _____

Phone (Cell) _____ **Phone (Home)** _____

Email _____

*Please mail this completed form to the Synodical Secretary as soon as new officers are elected.
Your cooperation in keeping up to date is greatly appreciated.*

SC WELCA Synodical Secretary

Women of the EVANGELICAL LUTHERAN CHURCH IN AMERICA
South Carolina Synodical Women's Organization (SWO)

For use by Congregational Unit (CU)
OFFERING REMITTANCE

Date: _____

CONGREGATION:

Name: _____

Address: _____

Conference: Congregation:

_____ ID: _____

UNIT TREASURER:

Name: _____

Address: _____

PHONE: _____

EMAIL: _____

REGULAR OFFERING \$ _____

JOY OFFERING \$ _____

DESIGNATED: (specify)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

Check # _____ payable to: **SCWELCA**

Mail this form with your check to:

South Carolina WELCA Synodical Treasurer



Offering Form B

For use by **CONGREGATIONAL UNITS**
for offerings to **CHURCHWIDE**

Use Form B for **Thankofferings, Where Needed Most, Katie's Fund, Special Offerings,** and **Designated Gifts** to WELCA and ELCA ministries. Make check payable to "Women of the ELCA." For more information, please call 1-800-638-3522, ext. 2730 or go online to womenoftheelca.org.

Mail form with check to: Women of the ELCA, ELCA Gift Processing Center, PO Box 1809, Merrifield, VA 22116-8009.

		DATE	
CONGREGATION		CONGREGATION NUMBER	
CONGREGATION CITY/STATE		ZIP	REGION/SYNOD
UNIT TREASURER NAME		PHONE NUMBER	
ADDRESS		EMAIL	
CITY/STATE		ZIP	
DESCRIPTION		AMOUNT	
WOG0420 THANKOFFERING		\$	
DESIGNATED GIFTS & SPECIAL OFFERINGS (PLEASE SPECIFY)			
WOG0466 WELCA WHERE NEEDED MOST		\$	
		\$	
		\$	
		\$	
TOTAL		\$	