

**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*





## 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: **SC WELCA**

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](http://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 <b>THANKOFFERING</b>		\$	
DESIGNATED GIFTS & SPECIAL OFFERINGS (PLEASE SPECIFY)			
WOG0466 <b>WELCA WHERE NEEDED MOST</b>		\$	
		\$	
		\$	
		\$	
<b>TOTAL</b>		<b>\$</b>	

FICAW01022

Form updated 5/2017