



RECORD OF CONTRIBUTIONS FOR THE YEAR 20 _____

For Office Use: Code No: _____

Received: _____

Name of Group/Circle: _____

Name of Church: _____
city/town

Name of Association: _____

Total of Contributions to CBWOQ, for which Income Tax Receipts are **not**
requested from the CBWOQ Office: \$ _____

Certified By: _____
Circle Treasurer

Address: _____
_____ postal code

Verified By: _____
Divisional Treasurer