



**VIRGINIA ASSOCIATION OF MINISTERS' WIVES AND MINISTERS' WIDOWS, INC.**

**DR. ELLEN JAMERSON, PRESIDENT**

**SCHOLARSHIP CONTRIBUTION FORM  
(No Set Amount)**

**Due by April 1<sup>st</sup>**

Name of Local Organization: \_\_\_\_\_

Name of Local President: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name	Address	Amount Paid
<b>TOTAL AMOUNT PAID</b>		

**Post total amount to Local President's Report**

**Send to:**

**Mrs. Angenette Elder  
Financial Secretary, VAMWMW  
12236 Almer Lane  
Chester, VA 23836**