



**Ministers' Wives and Ministers' Widows Association
of Lynchburg & Vicinity
Rev. Dr. Sherleen B. Scott, President**

September 10, 2025

Dear Sisters,

The members of the Ministers' Wives and Ministers' Widows Association of Lynchburg & Vicinity are looking forward to hosting the 75th Annual Conference of the Virginia Association of Ministers' Wives and Ministers' Widows to be held on April 23-25, 2026, at the Lynchburg Grand Hotel in Lynchburg, VA.

We are in the process of preparing our Souvenir Journal, and we look forward to placing your ad in this 2026 journal. The prices to secure an ad and or to be included on the Patron's List is listed below:

- Inside (front/back) Cover- **\$250.00**
- Full Page- **\$125.00**
- Half Page- **\$75.00**
- Quarter Page (Black & White only) **\$50.00**
- One Eighth Page (Black & White Only) **\$25.00**
- Patrons' List- **\$10.00** (per person)

You may submit a camera-ready ad, memorial page, or we will be prepared to design an ad for you according to your specifications. Any on-line submissions may be sent to Rev. Dr. Sherleen Scott at sherleen.scott2@aol.com.

Please make checks payable to: Ministers' Wives and Ministers' Widows Association of Lynchburg & Vicinity (MWMWA of Lynchburg & Vicinity). Please submit your information by **February 16, 2026**. Ads, Memorial pages and payment may be given to the individual soliciting or, it may be mailed to:

MWMW Association of Lynchburg & Vicinity
c/o Rev. Dr. Sherleen B. Scott, President
1809 Florida Ave.
Lynchburg, VA 24501-4208

For further information, you may contact one of the following:

Lady Carla D. Pannell-484-470-3191 Rev. Dr. Sherleen B. Scott-434-944-1036
Dr.. Peggy K. Dunning-434-841-2124

We thank you in the Spirit of Faith, Love and prayer,

Lady Carla D. Pannell, Souvenir Journal Chairperson
Rev. Dr. Sherleen B. Scott, President/General Chairperson
Dr.. Peggy K. Dunning, Co-Chairperson

Please complete this form and return it with your ad or memorial in case further information is needed. Thanking You in advance for your cooperation.

Contact/ Company/ Individual Name:

Address:

City:_____ State:_____ Zip:_____

Ad Size:_____ Payment Amount:_____

Authorized By: _____

Telephone:_____

sherleen.scott2@aol.com