

**SUPPLEMENTARY GIFTS DETAILS FORM  
FOR ALL TREASURERS**

Order No. (Please make sure that all orders have a unique order no.):

Local Unit:

District:

Conference:

Period from:

To:

Name of Project	Address	Amount

**Total amount from Supplementary Gifts Details Form: \$**

*Please add this total to the Remittance Form on the line above subtotal Supplementary Gifts.*

Treasurer:  
Address:  
Phone: Fax: E-mail:  
Date: