PRESIDING ELDER'S REPORT OF SUBSCRIBERS TO THE A.M.E. REVIEW

_____ Episcopal District _____ Presiding Bishop _____

_____ ANNUAL CONFERENCE _____ DISTRICT

_____ PRESIDING ELDER

NUMBER OF SUBSCRIPTIONS 0 @ $ _____

No	SUBSCRIBER	STREET ADDRESS	CITY & STATE	ZIP CODE	SUBSCRIBER'S CHURCH	AMOUNT PAID
					TOTAL THIS SHEET $	0

Signature of person completing this form. _____ Date _____