

# PRESIDING ELDER'S REPORT OF SUBSCRIBERS TO THE VOICE OF MISSIONS

\_\_\_\_\_ Episcopal District \_\_\_\_\_ Presiding Bishop \_\_\_\_\_

\_\_\_\_\_ ANNUAL CONFERENCE \_\_\_\_\_ DISTRICT

\_\_\_\_\_ PRESIDING ELDER \_\_\_\_\_ NUMBER OF SUBSCRIPTIONS \_\_\_\_\_ @ \$ \_\_\_\_\_

No	SUBSCRIBER	STREET ADDRESS	CITY & STATE	ZIP CODE	SUBSCRIBER'S CHURCH	AMOUNT PAID
<u>TOTAL THIS SHEET \$</u>						

Signature of person completing this form. \_\_\_\_\_ Date \_\_\_\_\_