

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 _____