

**Women's Synodical Missionary Fellowship
Life or Memorial Membership**

For _____ Life (check one)

Given by _____ Memorial

Send Certificate to: _____


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For \_\_\_\_\_  Life (check one)

Given by \_\_\_\_\_  Memorial

Send Certificate to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For _____ Life (check one)

Given by _____ Memorial

Send Certificate to: _____

A certificate will be sent for each \$25 Life or Memorial Membership.
Please complete the above information and send a check made payable to
Women's Synodical Missionary Fellowship. If you have questions email
mitzie.vanhorn@gmail.com Mail these items to:

Mitzie VanHorn
19166 W Road
Denison, KS 66419