

**UNION MISSIONARY BAPTIST ASSOCIATION**  
ANNUAL SHAW DAY REPORT FORM 20\_\_\_\_\_

\_\_\_\_\_ Missionary Baptist Church

P.O. Box \_\_\_\_\_ or Street \_\_\_\_\_

City \_\_\_\_\_ NC, Zip \_\_\_\_\_ Phone \_\_\_\_\_

To the Moderator and members of the Union Missionary Baptist Association  
convening with \_\_\_\_\_ Missionary Baptist Church.

Shaw Day Representation.....\$ \_\_\_\_\_

Balance due from last Session.....\$ \_\_\_\_\_

Total amount for present Session.....\$ \_\_\_\_\_

Auxiliary to the Association \_\_\_\_\_

Total Amount Represented.....\$ \_\_\_\_\_

**Please make checks payable to either of your choice:**

General Baptist State Convention  
Shaw University and Divinity School  
Union Missionary Baptist Association

Reverend \_\_\_\_\_ Pastor

Address \_\_\_\_\_

Brother/Sister \_\_\_\_\_ Clerk

Address \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Obituary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_