

NORTH DAKOTA DISTRICT LUTHERAN WOMEN'S MISSIONARY LEAGUE REMITTANCE FORM

Name of Society _____ Date _____

Name of Congregation _____ Zone _____

Address _____

Street Address

City

State

ZIP Code

Please fill out a separate remittance form for each money source

Mites \$ _____

Quarterlies \$ _____

Delegate Fund \$ _____

Other \$ _____

Total \$ _____

Remitted By _____ Phone _____

Address _____

Street Address

City

State

ZIP Code

Note: Fill out in duplicate (one copy for District Financial Secretary - one copy to be retained by local treasurer).
Please **write check to LWML - North Dakota District** and **mail to District Financial Secretary.**