

FINANCIAL SECRETARY'S REMITTANCE FORM
LWML SOUTH DAKOTA DISTRICT
Lutheran Women's Missionary League



Date: _____

Name of Society: _____

Name of Congregation: _____

Address: _____

Zone in which Society is Located: _____

Please identify monies being sent:

MITE OFFERINGS \$ _____

Lutheran Woman's Quarterly Subscriptions

Year ____ Number Ordered ____ x \$5.00 = \$ _____

HiLites (in Lutheran Witness)

Year ____ Number Ordered ____ x \$1.50 = \$ _____

Special Gifts Fund \$ _____

Other (Please explain below:) \$ _____

TOTAL: \$ _____

Remitted By: _____

Address: _____

Please print two copies. Send one copy to the Financial Secretary:

Donna Harr 3528 S. Prairie Gardens Pl., Sioux Falls, SD 57110

Please keep the second copy for your records.

Make checks payable to: LWML SOUTH DAKOTA DISTRICT

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