



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

Date: _____

My Name: _____

My Address: _____

I'm remitting monies on behalf of: (check one)

Myself

My Society

Name of Society: _____

Name of Congregation: _____

Congregation Address: _____

Name of Zone where Society is located: _____

My Zone

Name of Zone _____

Please identify monies being sent:

MITE OFFERINGS \$ _____

Lutheran Woman's Quarterly Subscriptions

Year ____ Quantity Ordered ____ x \$7.50 (1-9) \$ _____

Year ____ Quantity Ordered ____ x \$6.00 (10+) \$ _____

HiLites (in Lutheran Witness)

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

Special Gifts Fund \$ _____

Other (Please explain below:) \$ _____

TOTAL: \$ _____

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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