

Treasurer's Remittance

DATE OF THIS REMITTANCE: _____

NAME OF GROUP: _____

CONGREGATION INFORMATION

NAME _____

ADDRESS _____ ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

REMITTED BY:

Mites and Voluntary Offerings _____

NAME _____

EMAIL _____

Lutheran Woman's Quarterly _____

ADDRESS _____

Delegate _____

ADDRESS 2 _____

Scholarship _____

CITY _____

Special Gifts _____

STATE _____ ZIP _____

Total Being Remitted _____

PHONE _____

Please check if gift is a memorial and include a mailing address for acknowledgment of gift

ADDITIONAL INFORMATION (Optional)

NAME _____

ADDRESS _____

ADDRESS 2 _____

CITY _____

STATE _____ ZIP _____

Send the completed form and remittance (checks payable to LWML RMD) to the LWML RMD treasurer:

Yvonne Steeby, LWML RMD Treasurer
PO Box 1657
Alamogordo, NM 88310
treasurer@lwmlrmd.org



Rocky Mountain
District