

SOCIETY MITE REMITTANCE

Please make copies as needed and fill in the form clearly.

Society Treasurer: Please complete this form and include it with the Mite offerings and other contributions. Please submit mite box offerings at least quarterly (January, April, July and October); more often if desired.



ZONE _____ **DATE** _____

Name of Church _____

City _____ State _____

Society _____

Treasurer _____

Address _____

City _____ State _____ Zip _____

Phone [_____] _____

Email _____

MITE BOX OFFERING	\$ _____
<i>QUARTLY subscriptions</i>	\$ _____
OTHER _____	\$ _____
TOTAL	\$ _____

1. Make checks payable to: **NWI District - LWML**
2. Mail this form and check to:
NWI Dist. LWML Financial Secretary
Pam Pfankuch
16263 20th Ave
Chippewa Falls, WI 54729-5692
ppfankuch53@gmail.com

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