

ATLANTIC DISTRICT LWML

MITE BOX/QUARTERLY REMITTANCE FORM
APRIL 1, 2018 - MARCH 31, 2020

DATE: _____

SOCIETY NAME _____ LWML ZONE _____

CHURCH _____

Church Address _____

Please make check payable to:
**AD Lutheran Women's
Missionary League**

Send remittance form and check to:
**Ginny Wirsing
4 Garden Lane
Yaphank, NY 11980**

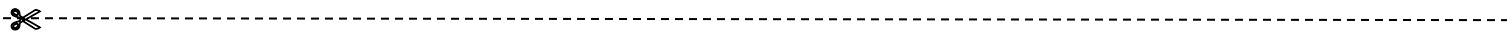
Mite Box Offering..... \$ _____

LWML Quarterly Subscription..... \$ _____
(\$5 ea/yr for 10 or more; \$6.50 ea. if less than 10)

TOTAL REMITTANCE..... \$ _____

Name of Society Contact Person (*Print*), phone/email (*if available*)

IMPORTANT: Please state the complete Church name and address above as several churches have same name



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