

Date _____ Make checks payable to: **LWML NID**
 To insure proper credit to your account, please include this form with ALL remittances. Fill out both forms completely (one to keep for your records), and mail one to the LWML NID Financial Secretary.

Name of congregation: _____

Location in (City or Town): _____ Pastor: _____

Zone number: _____

Donation for Mites: \$ _____

Special Donation name and amount: _____

Donation for Quarterlies: \$ _____

Donation for memorial: \$ _____

Remitted by **name**, mailing address, phone or email: _____

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