Date Make checks payable to: LWML NID	Date Make checks payable to: LWML NID
To insure proper credit to your account, please include this form with	1 1
ALL remittances. Fill out both forms completely (one to keep for	ALL remittances. Fill out both forms completely (one to keep for
your records), and mail one to the LWML NID Financial Secretary.	your records), and mail one to the LWML NID Financial Secretary.
Name of	Name of
congregation:	congregation:
Location in (City or	Location in (City or
Town):Pastor:	Town):Pastor:
Zone number:	Zone number:
Donation for Mites: \$	Donation for Mites: \$
Special Donation name and amount:	Special Donation name and amount:
Donation for Quarterlies: \$	Donation for Quarterlies: \$
Donation for memorial: \$	Donation for memorial: \$
Remitted by name , mailing address, phone or	Remitted by name , mailing address, phone or
email:	email:
Date Make checks payable to: LWML NID	Date Make checks payable to: LWML NID
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email:	email: