

TREASURER'S REMITTANCE FORM

NAME OF SOCIETY _____ DATE _____
NAME OF CONGREGATION _____
ADDRESS _____

MITES\$ _____

QUARTERLY SUBSCRIPTION\$ _____
(# Subscriptions ordered: _____)

DELEGATE FUND.....\$ _____

OTHER (describe).....\$ _____

TOTAL REMITTANCE.....\$ _____

Remitted By: _____
Address: _____

Make checks payable to:
OKLAHOMA DISTRICT LWML

Send Remittance Form & Checks to:
Lanece Young
OK District Fin'l Sec'y
PO Box 1685
Owasso OK 74055

Rev. March, 2011

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