

TREASURER'S REMITTANCE FORM

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

MITES.....\$ _____

QUARTERLY SUBSCRIPTIONS.....\$ _____
(# Subscriptions ordered _____)

DELEGATE FUND.....\$ _____

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

TOTAL REMITTANCE.....\$ _____

Remitted by: _____
Address: _____

Make checks payable to:
OKLAHOMA DISTRICT LWML
Send Remittance Form & Checks to:
Katie Schroeder
OK District Financial Secretary
P O Box 573
Okarche, OK 73762-0573

Rev. Dec 6, 2016

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