



LWML-NED Remittance Form

Please make checks payable to **LWML-NED** and mail to:

Susan Lastowski, LWML-NED Treasurer
PO Box 626, Holyoke, MA 01041

Treasurer@LWML-NED.org (www.lwml-ned.org)

Treasurer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Society: _____ Zone: _____

Church Name: _____

City: _____ State: _____

\$ _____ Mite Box Remittance

\$ _____ Memorial: In memory of _____

\$ _____ **Total Enclosed**



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