



## LWML-NED Remittance Form

Please make checks payable to **LWML-NED** and mailto:  
Susan Lastowski, PO Box 626, Holyoke, MA 01041  
[Treasurer@LWML-NED.org](mailto:Treasurer@LWML-NED.org) ([www.lwml-ned.org](http://www.lwml-ned.org))

Treasurer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Society: \_\_\_\_\_ Zone: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

\$ \_\_\_\_\_ Mite Box Remittance  
\$ \_\_\_\_\_ Mite Box Remittance -Memorial: In memory of \_\_\_\_\_  
\$ \_\_\_\_\_ Endowment Scholarship Fund  
\$ \_\_\_\_\_ Endowment Scholarship Fund: In memory of \_\_\_\_\_  
\$ \_\_\_\_\_ **Total Enclosed**



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