

LUTHERAN WOMEN'S MISSIONARY LEAGUE-CANADA

Central District

"TREASURER'S REMITTANCE FORM"

Date: \_\_\_\_\_

Name of Congregation: \_\_\_\_\_

Name of Society: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code \_\_\_\_\_

The enclosed remittance is for:	Mite Offerings	\$ ____.
	Memorial Fund	\$ ____.
	_____	\$ ____.
	<b>Total Remittance:</b>	<b>\$ ____.</b>

Name of Remitter: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Make cheque payable to: LWML-Canada Central District

Mail to: Financial Secretary, LWMLC Central District  
SHARON BEYAK  
P.O. BOX 1054, 39 SPRUCE ST  
ATIKOKAN, ON P0T 1C0

Contact info: 1-807-597-4524 smbeyak@shaw.ca