



Lutheran Women's Missionary League - Canada Inc.
Grow in God's Word, serve God's people, share God's Son
REMITTANCE VOUCHER

Date: _____ **Voucher #:** _____

(yyyy-mm-dd District Name)

From: _____ (Sender's name & ph. #)

_____ (Address of sender)

_____ (District)

_____ (Society and City)

(Attach listing to specify donors and indicate if donation receipt is required)

Mite Offerings \$ _____

Memorial Gift \$ _____

Details: _____

Honour Gift \$ _____

Details _____

Other Donations \$ _____

Details _____

If there are not enough spaces above, please provide details in email or on another piece of paper

Total (this should match the Total Remitted on the listing) \$ _____

Please note Payment Method: Cheque E-Transfer Credit Card

Make Cheques payable to: Lutheran Women's Missionary League-Canada Inc.

Mail to: LWMLC Financial Secretary

E-Transfer to: financialsec@lutheranwoman.ca Answer to question: LWMLCdonation

Memo or comment: enter remittance voucher #

Credit Card: email financialsec@lutheranwomen.ca for instructions

Email or Mail Copy of Remittance Voucher to LWMLC Financial Secretary:

- mailing address: Penny Bobier, 7733 Lemoyne Place Prince George, BC V2N 3N2
- email: financialsec@lutheranwomen.ca

Keep a copy for your records

FINANCIAL SECRETARY USE ONLY
Cheque Number:
Cheque Date:
Deposit Date:



Listing to be attached to remittance voucher.

Where Email address is provided, Tax Receipt will be emailed.

NAME and AMOUNT	MALING ADDRESS and EMAIL ADDRESS	SOCIETY,CITY, ZONE and DISTRICT NAME	Tax Receipt Required (Y/N)
EXAMPLE: Sally Smith (Donor) \$10.00	1234 Street Name, City, Prov., Postal Code Email address, ph.#	Society , City, Zone, District Name	Y
EXAMPLE: Mites from Church offering \$175.00	Name, address, ph.# of sender		N
EXAMPLE: Memorial, Name of deceased, \$50.00	Name, address, ph.# of donor		Y
\$	Total Remitted		