

RECEIPT VOUCHER: **Make Check payable to LWML-SWD** Date: _____
Name of Society: _____ Zone: _____
Congregation: _____ City: _____
Name of Treasurer: _____
E-mail: _____ Phone #: _____
Amount Remitted: \$ _____ to be credited as follows: Mites: _____ Rally: _____ Prayer Service: _____
Female Church Worker Scholarship Fund: _____ TLC Fund: _____ Quarterlies: _____ /No. Ordered: _____
Other: _____ (Specify): _____

Mail to: Marilyn Belter
LWML-SWD Financial Secretary
W2011 Cottonville Ct. Berlin, WI. 54923
Date Received: _____
Check Number: _____

In Memory/Celebrations of: _____
Mites: _____ TLC Fund: _____ Administration: _____
Female Church Worker Scholarship Fund: _____
Other: _____ (Specify): _____

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