

RECEIPT VOUCHER

Date: _____

Name of Society: _____

Zone: _____

Congregation: _____ City: _____

Name of Treasurer: _____ Phone & E-mail: _____

Amount Remitted: \$ _____ to be credited as follows:

Mites: _____
Rally: _____
Quarterlies: _____ (No. Ordered) _____

Memorials/Celebrations: (Please designate)
Mites: _____ Endowment: _____
TLC Fund: _____ Scholarships: _____

Mail to: Diane Kamrath LWML SWD Financial Secretary 424 N. Main St. Mayville, WI 53050

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