

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: Marilyn Belter LWML SWD Financial Secretary W2011 Cottonville Ct. Berlin, WI. 54923

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