| Date Make checks payable to: LWML NID                                  | Date Make checks payable to: LWML NID                                                                               |  |  |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| To insure proper credit to your account, please include this form with | To insure proper credit to your account, please include this form with                                              |  |  |
| ALL remittances. Fill out both forms completely (one to keep for       | ALL remittances. Fill out both forms completely (one to keep for                                                    |  |  |
| your records), and mail one to the LWML NID Financial Secretary.       | your records), and mail one to the LWML NID Financial Secretary.                                                    |  |  |
| Name of                                                                | Name of                                                                                                             |  |  |
| congregation:                                                          | congregation:                                                                                                       |  |  |
| Location in (City or                                                   | Location in (City or                                                                                                |  |  |
| Town):Pastor:                                                          | Town):Pastor:                                                                                                       |  |  |
| Zone number:                                                           | Zone number:                                                                                                        |  |  |
| Donation for Mites: \$                                                 | Donation for Mites: \$                                                                                              |  |  |
| Special Donation name and amount:                                      | Special Donation name and amount:                                                                                   |  |  |
| Donation for Quarterlies: \$                                           | Donation for Quarterlies: \$                                                                                        |  |  |
| Donation for memorial: \$                                              | Donation for memorial: \$                                                                                           |  |  |
| Remitted by name, mailing address, phone or                            | Remitted by name, mailing address, phone or                                                                         |  |  |
| email:                                                                 | email:                                                                                                              |  |  |
|                                                                        |                                                                                                                     |  |  |
|                                                                        |                                                                                                                     |  |  |
| Date Make checks payable to: <b>LWML NID</b>                           | Date Make checks payable to: <b>LWML NID</b>                                                                        |  |  |
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| ALL remittances. Fill out both forms completely (one to keep for       | ALL remittances. Fill out both forms completely (one to keep for                                                    |  |  |
| your records), and mail one to the LWML NID Financial Secretary.       | your records), and mail one to the LWML NID Financial Secretary.                                                    |  |  |
| Name of                                                                | Name of                                                                                                             |  |  |
| congregation:                                                          | congregation:                                                                                                       |  |  |
| Location in (City or                                                   | Location in (City or                                                                                                |  |  |
| Town):Pastor:                                                          | Town):Pastor:                                                                                                       |  |  |
| Zone number:                                                           | Zone number:                                                                                                        |  |  |
| Donation for Mites: \$                                                 | Donation for Mites: \$                                                                                              |  |  |
| Special Donation name and amount:                                      | Special Donation name and amount:                                                                                   |  |  |
| Donation for Quarterlies: \$                                           | Donation for Quarterlies: \$                                                                                        |  |  |
| Donation for memorial: \$                                              | Donation for memorial: \$                                                                                           |  |  |
| Remitted by name, mailing address, phone or                            | Remitted by name, mailing address, phone or                                                                         |  |  |
| email:                                                                 | email:                                                                                                              |  |  |
|                                                                        |                                                                                                                     |  |  |