

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