



LWML Atlantic District
Mite Box and Quarterly Remittance Form

Date: _____

Local Group Name: _____ LWML Zone: _____

Church (complete name): _____

Church Address: _____

City/Town

Please make check payable to:
LWML Atlantic District

Mite Box Offering.....\$ _____

Send remittance form and check to:
7 Farragut Avenue
Hastings-On-Hudson, New York 10706

LWML Quarterly Subscription..... \$ _____
(\$6.50 ea/yr for 10 or more; \$8 ea. if less than 10)

TOTAL REMITTANCE \$ _____

Name of Local Group Contact Person (Please Print)

Phone or Email Address

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