



Lutheran Women’s Missionary League Atlantic District
MITE BOX/QUARTERLY REMITTANCE FORM
APRIL 1, 2022 - MARCH 31, 2024

SOCIETY NAME _____ LWML ZONE _____

CHURCH (complete name) _____

Church Address _____

City/Town

Please make check payable to:
**Lutheran Women’s
 Missionary League Atlantic District**

Send remittance form and check to:
Maureen Consiglio
25 Windover Lane
Coram, NY 11727

Mite Box Offering..... \$ _____

LWML Quarterly Subscription..... \$ _____
(\$6 ea/yr for 10 or more; \$7.50 ea. if less than 10)

TOTAL REMITTANCE... \$ _____

Name of Society Contact Person (Please Print)

Phone or Email Address



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