



Lutheran Women’s Missionary League Atlantic District

Mite Box and Quarterly Remittance Form

APRIL 1, 2024 - MARCH 31, 2026

Local Group Name: \_\_\_\_\_ LWML Zone: \_\_\_\_\_

Church (complete name): \_\_\_\_\_

Church Address: \_\_\_\_\_

City/Town

Please make check payable to:
Lutheran Women’s Missionary League
memo line: 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 Local Group Contact Person (Please Print)

Phone or Email Address



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