

LWML KANSAS DISTRICT REMITTANCE VOUCHER

DATE _____

CONGREGATION NAME _____
 CONGREGATION CITY _____
 SOCIETY NAME _____
 SOCIETY TREASURER NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE# _____
 EMAIL _____

If your donation is in memory of or in honor of, list name:

[] Send Mite Boxes (available at no cost): qty. _____

MITES	\$
DAY OF PRAYER	\$
GOD'S GRACIOUS GIFT FUND	\$
STUDENT FINANCIAL AID	\$
DISTRICT MISSION GRANTS	\$
MISCELLANEOUS MONIES	\$
	\$
	\$
TOTAL REMITTANCE	\$
Please fill out only ONE CHECK and ONE VOUCHER for all enclosed remittances.	
MAKE CHECK PAYABLE TO: LWML KANSAS DISTRICT	
MAIL CHECK AND VOUCHER TO: LWML KANSAS DISTRICT FINANCIAL SECRETARY	
Please copy completed form for your records.	

(Updated June 2018)

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