



Oregon District Lutheran Women in Mission

Remittance Form

Name of Society/Zone _____ Date _____

Name of Congregation _____

Address _____
Street City State Zip

Please select the appropriate line item(s) below:

Mites \$ _____
(for Mission Grants)

Society Offering \$ _____
(Used for OR District Expenses)

Zone Rally Offering \$ _____ Please note total Rally Offering \$ _____
(amount should equal 75% of total Rally offering)

Gift/Memorial Donation \$ _____ In memory of: _____

Assessments \$ _____

Quarterly Subscription \$ _____ # of subscriptions _____

Other \$ _____ Explain _____

Total Remittance \$ _____

Remitted by: _____ Phone #: _____

Email Address: _____

Address: _____
Street City State Zip

Make checks payable to: **Oregon District LWML**

Send to: **Coleen Gurske**
837 N.E. Donelson Rd.
Hillsboro, OR 97124