



District Remittance Form is required

Name of Zone or Society or Group _____	Date _____
Church and address _____	Check # _____
Mites for mission grants	\$ _____
Society Offering for District expenses	\$ _____
Zone Rally Total Offering = \$ _____ 75% of that for District Offering >>>	\$ _____
Gift/Memorial Donation In memory of: _____ Address _____	\$ _____
Quarterly Subs. # _____ X \$ _____ Deliver to church _____ or address below _____	\$ _____
Assessments # _____ X \$ _____	\$ _____
Other Explanation: _____	\$ _____
(Use the back of sheet for further correspondence)	Total Remittance
Remitted by _____ Phone # _____	\$ _____
Email address _____	
Address _____ City _____ State _____ Zip _____	

Make one check payable to Oregon District LWML

Mail to Karen Reed, 1511 NW 21st., Lincoln City, Oregon 97367 Phone # 503-577-9946

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Mites for mission grants	\$ _____
Society Offering for District expenses	\$ _____
Zone Rally Total Offering = \$ _____ 75% of that for District Offering >>>	\$ _____
Gift/Memorial Donation In memory of: _____ Address _____	\$ _____
Quarterly Subscriptions # _____ Deliver to church _____ or address below _____ or contact/address _____	\$ _____
Assessments # _____ X \$10	\$ _____
Other Explanation: _____	\$ _____
(Use the back of sheet for further correspondence)	Total Remittance
Remitted by _____ Phone # _____	\$ _____
Email address _____	
Address _____ City _____ State _____ Zip _____	

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