

LWML Mid-South District Zone to District Remittance Voucher



Date Submitted: _____

Zone Name: _____

Treasurer Name: _____

Email: _____

Phone: _____

To be credited as follows:

Mites: \$ _____

Member Contributions: \$ _____
(Suggested contribution of \$6.00 per member)

LWQ Subscriptions: \$ _____
(1-9 -\$7.50 each / 10 or more \$6.00 each)

TOTAL REMITTED: \$ _____
(Payable to LWML Mid-South District)

Remit one check for total of accounts payable monthly to:

Erin Foster
LWML Mid-South District Financial Secretary
8301 Melanie Lane
Pine Bluff AR 71603

Contact information:

Mobile: (870) 692-5011
Email: emboggan@gmail.com