

LWML Mid-South District Group to Zone Remittance Form



Date Submitted: _____

Group Name: _____

Treasurer Name: _____

Email: _____

Phone: _____

To be credited as follows (suggested that mites be rounded to whole dollar)

Mites: \$ _____

Member Contributions: \$ _____

- Suggested contribution per member to district of \$6.00
- Suggested contribution per member to zone of \$ _____
- Number of members contributing _____

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

TOTAL REMITTED: \$ _____
(Payable to zone)

Remit one check for total of all accounts, making it payable monthly to:

Zone Name: _____

Zone Treasurer: _____

Address: _____

City State Zip: _____

Phone: _____ Email: _____