

LWML TEXAS DISTRICT REMITTANCE FORM (Please use ONE form PER CHECK)	Date:
Group Name:	Mites: (25% LWML, 75% District)
Church Name and City:	**District Mites Only:
	*National Mites Only:
Group Treasurer (Name, Email Address, Phone #):	
	Other:
NOTE: Send remittance to Texas District Financial Secretary Make checks payable to "LWML Texas District"	Total:

**** Full amount remains with district**

***Full amount remitted to national LWML**

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