

LWML TEXAS DISTRICT REMITTANCE FORM - INDIVIDUAL MEMBERS ONLY	
(Please use ONE form PER CHECK)	
Individual Name:	Date:
	Mites:
Zone:	(25% LWML, 75% District)
Address, City & Zip Code:	**District Mites Only:
	*National Mites Only:
Email Address & Phone Number:	LWR Shipping Fund:
	Other:
NOTE: Send remittance to Texas District Financial Secretary Make check payable to "LWML Texas District"	Total:

****Full amount remains with district *Full amount remitted to national**

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