

LWML Texas District Memorial/Honorarium Remittance Form			
Amount of Gift:		Given by:	
Name:			
Address:			
Email:			
Phone:			
Given to remember ____ OR honor ____ (check one):			
Name:			
To support (circle designated fund):			
District Mites	Scholarship Endowment	Mission Inreach Endowment	Mission Goal Endowment
Other:			
Please send acknowledgment to:			
Name:			
Address:			
Make check payable to "LWML Texas District" Please send to: LWML Texas District Financial Secretary			

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