

LWML TEXAS DISTRICT REMITTANCE FORM - INDIVIDUAL MEMBERS ONLY	
Individual Name:	Date:
	Mites:
Zone:	
Address, City & Zip Code:	**District Mites:
	*National Mites:
	LWR Stamporee:
Email Address & Phone Number:	LWR Shipping Fund:
	Other:
NOTE: Send remittance to Texas District Financial Secretary Make check payable to "LWML Texas District"	Total:

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**Full amount remains with district

*Full amount remitted to national

Revised August 2018