RECEIPT VOUCHER		Date:
Name of Society:		Zone:
Congregation:	City:	
Name of Treasurer:	Phone & E-mail:	
Amount Remitted: \$ to be credited as	s follows:	
Mites:	Memorials/Celebrations: (Plea	e ,
Rally: (No. Ordered)	Mites:TLC Fund:	Endowment:Scholarships:
Mail to: Diane Kamrath LWML SWD Financial Secretary	424 N. Main St. Mayville, WI 53	050
RECEIPT VOUCHER		Date:
Name of Society:		Zone:
Congregation:		
Name of Treasurer:	Phone & E-mail:	
Amount Remitted: \$ to be credited as	s follows:	
Mites:	Memorials/Celebrations: (Plea	ase designate)
Rally:	Mites:	Endowment:Scholarships:
Quarterlies: (No. Ordered)	TLC Fund:	Scholarships:
Mail to: Diane Kamrath LWML SWD Financial Secretary	424 N. Main St. Mayville, WI 53	050
RECEIPT VOUCHER		Date:
Name of Society:		Zone:
Congregation:	City:	
Name of Treasurer:	Phone & E-mail:	
Amount Remitted: \$ to be credited as	s follows:	
Mites:	Memorials/Celebrations: (Plea	e ,
Rally: (No. Ordered)	TLC Fund:	Endowment: Scholarships:
Mail to: Diane Kamrath LWML SWD Financial Secretary	424 N. Main St. Mayville, WI 53	050
RECEIPT VOUCHER		Date:
Name of Society:		Zone:
Congregation:	City:	
Name of Treasurer:	Phone & E-mail:	
Amount Remitted: \$ to be credited as	s follows:	
Mites:	Memorials/Celebrations: (Plea	ase designate)
Rally:	Mites:	Endowment:
Quarterlies: (No. Ordered)	TLC Fund:	Scholarships: