



**ZONE TO DISTRICT
REMITTANCE VOUCHER**



ZONE _____

DATE _____

TREASURER _____

Email _____

Phone _____

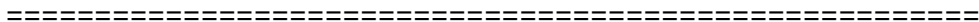
TO BE CREDITED AS FOLLOWS:

Mites ----- \$ _____

Quarterly Magazine Subscriptions \$ _____
(1-9 -\$7.50 ea/ 10 or more \$6.00 ea)

Member Contributions ----- \$ _____
(Suggested contribution of \$6.00 per member).

TOTAL OF REMITTANCE _____ \$ _____



Remit one check for total of accounts payable monthly to:

LWML Mid-South District

Mail to: Sandie Harjala _____ Financial Secretary

Address 6920 Chartwell Rd., Knoxville, TN. 37931 _____

Phone: (865) 201-2244 _____

Email: skharjala@gmail.com _____

(revised 6 / 2020)