



**Lutheran Women's Missionary League
California-Nevada-Hawaii District**

**YEARLY PRO-RATE
REMITTANCE FORM**

Pro-rate is due annually January 1, deadline is **February 15**. The rate is \$5.00 per member.

Pro-rate is used to assist delegates in paying for transportation costs to District conventions. If not paid yearly, your society's delegate will not receive funds for mileage to convention.

Please complete the form below and mail it with your check.

Date _____ **Zone #** _____

Number of Members: _____ **Pro-Rate Submitted: \$** _____

Name of Church _____

Church Email Address: _____

Name of Society: _____

Society Contact Name: _____

Society Contact Email Address: _____

Society Contact Mailing Address: _____

Contact Phone No: _____

Make Checks Payable to LWML

Mail Form and Check to:

**Christa Hamilton
P. O. Box 787
Atascadero, CA 93423**

Pro-Rate Questions: Call 805-610-9599 or Email: cafudge@sbcglobal.net