



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

**REMITTANCE FORM for MITES  
and SCHOLARSHIP/ MEMORIAL/ ENDOWMENT FUNDS**

DATE: \_\_\_\_\_ ZONE NO: \_\_\_\_\_

Name of Society: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address of Church: \_\_\_\_\_

Church Email: \_\_\_\_\_

Sender's Name: \_\_\_\_\_

Sender's Address: \_\_\_\_\_

Sender's Email Address and Phone No: \_\_\_\_\_

**MITES:** \$ \_\_\_\_\_

**RUBIN PERPETUAL SCHOLARSHIP FUND:** \$ \_\_\_\_\_

**STEINBECK MEMORIAL SCHOLARSHIP FUND:** \$ \_\_\_\_\_

**MEMORIAL FUNDS:** \$ \_\_\_\_\_ \*\*

**LWML CNH ENDOWMENT FUND:** \$ \_\_\_\_\_ \*\*

**OTHER:** \$ \_\_\_\_\_ PLEASE SPECIFY \_\_\_\_\_

**\*\*We donate these \_\_\_\_\_ funds in the name of: \_\_\_\_\_**

**MAKE CHECKS PAYABLE TO: LWML**

**SEND REMITTANCE FORM & CHECK(S) TO DISTRICT FINANCIAL SECRETARY**

**Christa Hamilton  
P. O. Box 787  
Atascadero, CA 93423  
805-610-9599 or Email: [cafudge@sbcglobal.net](mailto:cafudge@sbcglobal.net)**

**MAKE COPIES OF THIS FORM AS NEEDED. SEND ONE COPY WITH YOUR REMITTANCE**