



REMITTANCE FORM for MITES
and SCHOLARSHIP / MEMORIAL / ENDOWMENT FUNDS

Date _____ Zone # _____

Society Name _____

Church Name _____

Church Address/City/State _____

Church email _____

Sender's Name _____

Sender's Email Address & Phone # _____

MITE OFFERING: \$ _____
(50% CNH Mission Grants | 25% General Fund | 25% LWML)

BITES FOR MITES OFFERING: \$ _____
(75% CNH Mission Grants | 25% LWML)

RUBIN PERPETUAL SCHOLARSHIP FUND (100%): \$ _____

STEINBECK MEMORIAL SCHOLARSHIP FUND (100%): \$ _____

OTHER*: \$ _____

***Please Specify:** _____

Make checks payable to: **LWML CNH**

Send completed Remittance Form & check(s) to CNH District Financial Secretary

Barbara Guevara
PO Box 1522
Millbrae, CA 94030-5522
Email: tisbarb@sbcglobal.net

Make copies of this form as needed. Send **one** copy with your remittance.