



**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)

**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](mailto:tisbarb@sbcglobal.net)

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