



**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: _____

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

BITES FOR MITES OFFERINGS: \$ _____
(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 REMITTANCE FORM & CHECK(S) TO DISTRICT FINANCIAL SECRETARY

Christa Hamilton
P. O. Box 787
Atascadero, CA 93423
805-610-9599 or Email: cafudge82@yahoo.com

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