



Oregon District Lutheran Women in Mission

Remittance Form

Name of Society/Zone _____ Date _____

Name of Congregation _____

Address _____
Street City State Zip

Please select the appropriate line item(s) below:

Mite Offering \$ _____

Society Offering \$ _____

Zone Rally Offering \$ _____ Please note total Rally Offering \$ _____
(amount should equal 75% of total Rally offering)

Gift/Memorial Donation \$ _____

Other \$ _____ Explain _____

Total Remittance \$ _____

Remitted by: _____ Phone #: _____

Email Address: _____

Address: _____
Street City State Zip

Make checks payable to: **Oregon District LWML**

Send to:

**Connie Adams
P.O. Box 2918
Oregon City, OR 97045**