

LWML Ohio District Mites Remittance Form

Church: _____

Zone: _____

Address: _____

Date: _____

Society Treasurer's:

Mites: \$ _____

Name: _____

Quarterly/ODE \$ _____

Address: _____

*LWML Ohio District cost: \$2.50 yearly for ODE,
\$7.50 yearly for the Quarterly in quantities of 1-9,
\$6.00 in quantities of 10 or more. Yearly subscriptions for the
ODE or the Quarterly are due by January 31 each year.*

Phone: _____

E-mail: _____

Ohio District

Honor/Memorial \$ _____

Other*: \$ _____

Total: \$ _____

**If "Other," please identify the category: Returned expenses, Grant Return, Etc.*

Make checks payable to: LWML Ohio District

Send to: Ruth Mowery, Financial Secretary, LWML Ohio District
7945 Brentwood Rd., Mentor OH 44060; Phone: 440-840-9532;
E-mail: jrmowery@sbcglobal.net ; Term of office June 2024 – June 2028

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