

Make Check Payable to:
GULF STATES DISTRICT LWML

Send to: Karla Maxfield
525 Moeller Road
Picayune, MS 39466
601 798-6051
kmquiltlady@bellsouth.net

Date: _____

Name of Society: _____ Zone _____

Church: _____

City: _____ State _____

Amount Remitted: \$ _____ Mite Box Offerings
\$ _____ Quarterlies & Reporters
\$ _____ Other (specify) _____

Name & Address of person to whom
receipt should be sent:

****NOTE:** Requests for change in number desired should
be addressed to the First Vice President regarding
QUARTERLIES and to the Reporter Editor regarding
REPORTERS. See REPORTER for their names and
addresses.

If you need mite boxes indicate the number
here _____ (\$.15 each)

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