



ORDER FORM FOR *LUTHERAN WOMAN'S QUARTERLY*
PLEASE REMIT NO LATER THAN FEBRUARY 28, 2021

Society Name _____

Zone _____

Church Name _____

Church Mailing Address _____

Zip Code (9 digit) _____

Society Contact _____

E-Mail Address _____

Telephone _____

*If the church address is not acceptable for delivery,
please attach a note indicating what address should be used.*

QUARTERLY SUBSCRIPTIONS

Quantity _____ (10 or more) at \$6.00 each = _____

Quantity _____ (less than 10) at \$7.50 each = _____

TOTAL REMITTANCE ENCLOSED _____

Return this form with your check made payable to:

LWML Rocky Mountain District

And mail to: Yvonne Steeby, LWML RMD Treasurer
PO Box 1657
Alamogordo, NM 88310

For Treasurer Only Check # _____ Amount _____ Date Rec'd _____

Questions/comments, contact tidingsbusmgr@lwmlrmd.org