

**NATIONAL TRANSMITTAL
TRANSMITTAL 2024-2025**

Departmental Name and Number _____

Transmittal No. _____

This mailing contains the following:

# _____	Prior Year @ \$15.00 each	totaling	\$ _____
# _____	Renewals @ \$15.00 each	totaling	\$ _____
# _____	New Partners @ \$15.00 ea	totaling	\$ _____

Total Partnership: \$ _____

Application with proper signature enclosed

Fill out transmittal on back

USE ONLY BLACK INK

** _____ CARDS RETURNED FOR DECEASED PARTNERS

Donations totaling \$ _____
to be applied as follows:

ALCWF Regular	\$ _____
ALCWF Memorial	\$ _____
Eight & Forty Foundation	\$ _____
*** Nurses Scholarship - Chapeau Scholarship Project	\$ _____
Nurses Scholarship	\$ _____
NJH Pediatrics	\$ _____
NJH Recreation	\$ _____
NJH Ditty Bags	\$ _____
Shower of Checks	\$ _____

*** For 2024-2025 the Chapeau's Project (All Partners) is Nurses Scholarship

Check # _____ in the amount of \$ _____
covers all the above and includes \$ _____ for Emblem Sales

Order Form Enclosed
Data Form Enclosed

Use for ALL change of address
or Deceased Partner notification

Date Mailed: _____

Signed: _____

Phone: _____ Email: _____

MAKE CHECKS PAYABLE TO: LA BOUTIQUE NATIONALE

Mail to: Sandra Winchester, La Secretaire-Caissiere Nationale
PO Box 1108, Lake Dallas, Texas 75065-1108

SALON #	Prior Yrs	Current Renewals	New	Total to Date	Goal	% of Goal	Date	Goal Date

Total: