

**NATIONAL TRANSMITTAL  
TRANSMITTAL 2022-2023**

Departmental Name and Number \_\_\_\_\_

Transmittal No. \_\_\_\_\_

This mailing contains the following:

# _____	Prior Year @ \$10.00 each	totaling	\$ _____	
# _____	Renewals @ \$15.00 each	totaling	\$ _____	
# _____	New Partners @ \$15.00 ea	totaling	\$ _____	
	<b>Total Partnership:</b>			\$ _____

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	\$ _____
NJH Pediatrics	\$ _____
NJH Recreation	\$ _____
NJH Ditty Bags	\$ _____
NJH All Partner	\$ _____
Shower of Checks	\$ _____

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 NATIONALI**

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

