NATIONAL TRANSMITTAL
TRANSMITTAL 2026-2027

Departemental 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	$ _____
All Partners (Chapeau Project	$ _____
NJH Pediatrics	$ _____
NJH Recreation	$ _____
NJH Ditty Bags	$ _____
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 NATIONALE

Mail to: Anna Conwell, La Secretaire-Caissiere Nationale
PO Box 266,Crawfordsville, IN 47933-0266

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

Total: