

THE LUTHERAN WITNESS

ADDITIONS

District Code: _____ - _____

CPH Customer #: _____

PLEASE SEND TO YOUR DISTRICT BUSINESS MANAGER

Church Name: _____
Address: _____
City, State, Zip: _____
Email Address: _____

Date: ____/____/____
Sent By: _____
Phone #: _____
Fax #: _____

Use this form when sending in additions (new names) only. Print (preferably type) correct name and address.

Name: _____
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