

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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