

THE LUTHERAN WITNESS

ADDRESS CHANGES

District Code: _____ - _____

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 address changes only. Print (preferably type) correct name and address.
 Indicate key number if available.

FORMER ADDRESS

NEW ADDRESS

Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____