

THE LUTHERAN WITNESS CANCELLATIONS

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 cancellations only. Print (preferably type) correct name and address.

Indicate key number if available. No substitutions, please.

CANCELLATIONS

CANCELLATIONS

<p>Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____</p>	<p>Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____</p>
<p>Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____</p>	<p>Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____</p>
<p>Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____</p>	<p>Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____</p>
<p>Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____</p>	<p>Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____</p>
<p>Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____</p>	<p>Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____</p>
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