

# 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: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_

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 City/St/Zip: \_\_\_\_\_

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