

Lutheran Witness
CHANGE OF ADDRESS

District Code _ _ - _ _ _

Date / /

Church Name _____

Sent By _____

Address _____

City _____ St _____ Zip _____

Use this form when sending in address changes only. Print (preferably type) correct name and addresses.

FORMER ADDRESS	NEW ADDRESS
Key Number _____ Name _____ Address _____ City/State _____ Zip _____	Key Number _____ Name _____ Address _____ City/State _____ Zip _____
Key Number _____ Name _____ Address _____ City/State _____ Zip _____	Key Number _____ Name _____ Address _____ City/State _____ Zip _____
Key Number _____ Name _____ Address _____ City/State _____ Zip _____	Key Number _____ Name _____ Address _____ City/State _____ Zip _____
Key Number _____ Name _____ Address _____ City/State _____ Zip _____	Key Number _____ Name _____ Address _____ City/State _____ Zip _____
Key Number _____ Name _____ Address _____ City/State _____ Zip _____	Key Number _____ Name _____ Address _____ City/State _____ Zip _____
Key Number _____ Name _____ Address _____ City/State _____ Zip _____	Key Number _____ Name _____ Address _____ City/State _____ Zip _____
Key Number _____ Name _____ Address _____ City/State _____ Zip _____	Key Number _____ Name _____ Address _____ City/State _____ Zip _____

Please send to your District Business Manager