Lutheran Witness

CHANGE OF ADDRESS

Church Code___ ___-___ ___ ___ Date___/___/___

Church Name_____ Sent By_____

Address_____

City_____St_____ZIP_____

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

FORMER ADDRESS	NEW ADDRESS
Key Number_____ Name_____ Address_____ City/State_____Zip_____	KeyNumber_____ 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_____

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