

Lutheran Witness
ORDER FORM
ADDITIONS TO YOUR SUBSCRIPTION LIST

District Code _____ - _____

Date ___/___/___

Church Name _____

Sent By _____

Address _____

City _____ St _____ ZIP _____

Use this form when sending in additions (new names) only. Write (preferably type) correct name and addresses.

Name _____
Address _____
City/State _____ Zip _____

Name _____
Address _____
City/State _____ Zip _____

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City/State _____ Zip _____

Name _____
Address _____
City/State _____ Zip _____

PLEASE SEND TO YOUR DISTRICT BUSINESS MANAGER