

# THE LUTHERAN WITNESS

## CANCELLATIONS

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 cancellations only. Print (preferably type) correct name and address.  
 Indicate key number if available. If known, please check reason for cancellation. No substitutions, please.

### CANCELLATIONS

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Key Number: \_\_\_\_\_  
 Deceased  Transferred  Undeliverable  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_

Key Number: \_\_\_\_\_  
 Deceased  Transferred  Undeliverable  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_

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