

# THE LUTHERAN WITNESS

ADDRESS CHANGES

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 address changes only. Print (preferably type) correct name and address.

Indicate key number if available.

**FORMER ADDRESS**

**NEW ADDRESS**

Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____
Key Number: _____ Name: _____ Address: _____ City/St/Zip: _____	Name: _____ Address: _____ City/St/Zip: _____