ADDITIONS

District Code: 7 2 - ___ ___ ___

CPH Customer #: _____

PLEASE SEND TO: SD DISTRICT OFFICE
Attn: Lutheran Witness
PO Box 89110
Sioux Falls SD 57109-9110

Church Name: _____ Date: _____

Address: _____ Sent By: _____

City, State, Zip: _____ Phone #: _____

Email Address: _____ Fax #: _____

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

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