



District Code: 7 2 - _____

CPH Customer #: _____

ADDRESS CHANGES

Church Name: _____

Date: _____

Address: _____

Sent By: _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

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: _____

Mail to: SD District Office Attn: Lutheran Witness
 PO Box 89110 Sioux Falls SD 57109-9110