

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

CANCELLATIONS

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

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

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