Name of Congregation ____________________________________________

Complete Mailing Address _________________________________________

______________________________________________________________

Church E-Mail: __________________________ Office Phone # __________________________

Local Contact Person: ____________________________________________

Phone # __________________________ E-Mail: __________________________

REMINDERS:
1. Follow the instructions regarding the assembly of kits, and the packing instructions outlined in the Ingathering brochure. Include only those items described in the brochure.
2. Check the times and dates your local collection points will be open to accept your gifts.
3. If you have any questions, please call your local coordinator. Our contact information is included in the brochure.

KITS
Count the number of items packed in each box. You need not weigh boxes of kits. Label boxes accordingly.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mission Quilts</td>
</tr>
<tr>
<td></td>
<td>Personal Care Kits</td>
</tr>
<tr>
<td></td>
<td>School Kits</td>
</tr>
<tr>
<td></td>
<td>Baby Care Kits</td>
</tr>
<tr>
<td></td>
<td>Fabric Kits</td>
</tr>
</tbody>
</table>

TOTAL NUMBER OF BOXES __________________________________________
(Boxes of packed quilts, kits and soap.)

DONATION
Amount: $_________ Your Check No. __________ Cash __________

Each congregation is asked to donate $25 or more to help with the cost of shipping, postage and other expenses incurred for transporting the gifts to Minneapolis. Make checks payable to “Central Illinois LWR Collection,” and deliver them to the collection points with your boxes of Lutheran World Relief gifts. MAKE A COPY OF THIS FORM FOR YOUR RECORDS.