



Date: _____

CONGREGATION NAME: _____

Address: _____

City, State, ZIP Code: _____

Contact Person: _____ Phone: _____

Email: _____

CIRCLE ONE: ELCA ELDONA LCMC LCMS NALC

LCMS Churches – LWML Group Name: _____

LWR ITEM	QUANTITY	# OF BOXES
QUILTS		
BLANKETS – No Fleece		
SCHOOL KITS		
PERSONAL CARE KITS		
BABY CARE KITS		
FABRIC KITS		
QUILT & KIT SHIPPING FUND (Amount sent directly to LWR)	\$	

Please complete this form and bring with you to drop-off site. You may also wish to keep a copy for your records.