

ORDER FORM FOR *LUTHERAN WOMAN'S QUARTERLY* PLEASE REMIT NO LATER THAN FEBRUARY 28, 2025

| Society Name | | |
|---------------------------|---|---|
| Zone | | |
| Church Name | | |
| Church Mailing Add | lress _ | |
| | | |
| Society Contact | | |
| Email Address | | |
| | | |
| | | urch address is not acceptable for delivery, ote indicating what address should be used. |
| | | QUARTERLY SUBSCRIPTIONS |
| Quantity | (1 | 0 or more) at \$6.00 each = \$ |
| Quantity | Quantity (less than 10) at \$7.50 each = \$ | |
| Return this form wit | h your | check made payable to: LWML Rocky Mountain District |
| Mail form and check | k to: | LWML RMD Treasurer PO Box 971848 El Paso, TX 79997 |
| If you would like a large | print su | UBSCRIPTIONS – Lutheran Braille Workers (LBW) ubscription to the LWML Quarterly, please contact LBW. Materials from LBW would be appreciated. |
| Contact Information: | 800-92 Luthera 13471 P.O. Bo | eworks.org/materials/large-print/ or 5-6092 or an Braille Workers California Street ox 5000 a, CA 92399 |