



North Wisconsin District LWML National *Lutheran Women's Quarterly* Subscription Form

The number of *Quarterly* subscriptions paid for by the District LWML shall equal the number of mite-giving members in each society, plus an additional 25%, if requested, with a maximum of 15 extra copies. We encourage societies, who are able, to pay toward the cost of these subscriptions. Subscription rates are:

1-9 Individual Subscriptions – \$6.50 per year 10 copies or more to one address – \$5.00 each per year

Additional Note: Due to additional costs for mailing odd numbers of issues, orders for 7-9 copies will be sent in packages of 10.

FILL IN THIS TOP SECTION AFTER COMPLETING THE TWO BELOW

Subscription information has been sent to the District LWML Corresponding Secretary requesting _____ copies of the *Quarterly* be sent to The church (preferred practice) OR This person _____

Subscription monies have been sent to the District LWML Financial Secretary in the amount of _____

Signed _____ Today's Date _____

File this top section in your Society files Current addresses for District Officers are found in the *Mission Tidings*.

TO THE DISTRICT CORRESPONDING SECRETARY—*Lutheran Women's Quarterly* Information

Society Name _____ ZONE # _____

Church Name _____

Church Address _____ P.O. Box _____

City _____ State _____ Zip _____

Church's Phone Number (_____) _____ Pastor's Name _____

Number of *Quarterly* subscriptions needed: Same number as last year Change number to _____

PREFERRED PRACTICE: Send our issues to the church address above, ATTN: _____

Send our issues to:

Name _____ Phone (_____) _____

Address _____ P.O. Box _____

City _____ State _____ Zip _____

Fill in and send this section if your society is contributing toward the cost of your annual *Quarterly* subscriptions.

TO THE DISTRICT FINANCIAL SECRETARY—*Lutheran Women's Quarterly* Subscription Monies

Society Name _____ ZONE # _____

Church Name _____

Church Address _____ P.O. Box _____

City _____ State _____ Zip _____

Church's Phone Number (_____) _____ Pastor's Name _____

Contact Name _____ Phone Number: _____

Enclosed please find a check in the amount of \$_____ to cover the cost of _____ *Women's Quarterly* subscriptions.

We have sent our subscription information to the District Corresponding Secretary.