

Keep a copy of this entire form for your church's records.

The top half of the form is to be given to the contact person at the pick-up place for Lutheran World Relief.

LUTHERAN WORLD RELIEF DRIVE _____(YEAR)

Church's Name: _____

Church's Address: _____ City: _____

Synodical Affiliation: LCMS _____ ELCA _____ OTHER _____

Contact Person: _____ Phone No. _____

Item	Number of boxes containing this item (only one type of item per box)	Total weight (in pounds) of boxes containing this item: state if actual or estimated	Number of items if applicable
Soap – New & Wrapped			n/a
Quilts & Blankets			
Health Kits			
Sewing Kits			
School Kits			
Fabric/Yard Goods			Yards:
Layettes			
Total # of boxes/pounds			n/a

The bottom half of the form is to be given to the truck driver for Lutheran World Relief

LUTHERAN WORLD RELIEF DRIVE _____(YEAR)

Church's Name: _____

Church's Address: _____ City: _____

Synodical Affiliation: LCMS _____ ELCA _____ OTHER _____

Contact Person: _____ Phone No. _____

	<u>Number of Boxes</u>	<u>Pounds</u> Circle one Estimated or Actual
<u>Totals</u>		