



**Women of the Evangelical Lutheran Church in America
Southeastern Iowa Synodical Women's Organization
Congregational Information**

Congregation _____

City _____

Cluster _____

W/ELCA President or Contact Person for your unit – please complete even if you desire information to be sent to another address.

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Date Change takes effect _____

Would you like information mailed to a different address? If so, complete the following.

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Check if you would like information mailed to both addresses _____

Current information is very important as all mailings from both the SWO and Churchwide will be sent to the above designated person.

This form may be copied – please resubmit to your cluster coordinator and the SWO President when elections are held or a new contact person is designated. Thank you!

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September 2013

