

Application for 2026 LWML Michigan District Convention Offering

Name of Proposed Recipient _____
Address of recipient _____
City, State & Zip Code of Ministry _____
Phone _____ E-mail _____
LCMS District or Country recipient is located _____

Name of Submitter _____
Address of Submitter _____
City, State & Zip Code of submitter _____
Phone _____ E-mail _____
Name of Church home & City with Zip Code of submitter _____

Name and Title of Mission Contact Person _____
Address of Contact Person _____
City, State & Zip Code of contact _____
Phone _____ E-mail _____

Name with Title to whom to remit payment _____
Address for payment _____
City, State & Zip Code _____
Phone _____ E-mail _____

Short Description of the ministry and how the money will be used:

Send form to:

Carol Swenson, VP of Mission Outreach

822 W. Huron Ave, Vassar MI 48768 810-714-0405

carol_swenson@att.net

DEADLINE: POSTMARKED BY DECEMBER 1, 2025