Application for 2026 LWML Michigan District Convention Offering

Name of Proposed Recipient	
Address of recipient	ient
dress of recipient	
LCMS District or Country recipient is located	
Name of Submitter	
Address of Submitter	
City State & Zip Code of submi	
Phone	E-mail
Name of Church home & City with Zip Code of submitter	
City State 1 7 in Code of contact	of recipient Te & Zip Code of Ministry E-mail trict or Country recipient is located Submitter Of Submitter E-mail E-mail Church home & City with Zip Code of submitter Of Contact Person Te & Zip Code of contact E-mail Thile to whom to remit payment For payment E-mail E-mail E-mail E-mail E-mail E-mail
City, State & Zip Code of Contac	T
Prione	
ame of Church home & City with Zip Code of submitter ame and Title of Mission Contact Person ddress of Contact Person ty, State & Zip Code of contact noneE-mail ame with Title to whom to remit payment ty, State & Zip Code ty, State & Zip Code ty, State & Zip Code noneE-mail	
Address for payment	ess of recipient
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