

YES, I want to be an Appalseed!

Name

Address

City, State, Zip

Phone

E-Mail address

Affiliation & Location (congregation/synod)

I want to provide financial support to the ministries of ELCMA:

_____ **\$24 Student Appalseed**

_____ **Quarterly (\$15)**

_____ **Semi-Annually (\$30)**

_____ **Annually (\$60)**

_____ **Other (\$_____)**

_____ **Anonymously**

_____ **I will keep the ministries of ELCMA in my prayers**

Send to:

ELCMA, PO Box 338, Indiana, PA 15701-0338

Phone/fax: 724/463-8422

office@elcma.org

www.elcma.org