Lutheran World Relief Congregational Unit Report 2025

Conference Name	LCMS		
Church Name			
Church Address			
(Please include city and	zip)		
Email (if you would like	a response)		
Please make appointme	ent with your pick up s	ite for drop-off	
Please make copies for:			
 Truck Driver Pick up site 			
3. Your records and			
	yberry Drive, Leesburg	, FL 34788 or email <i>leon</i>	egoding@centurylink.net
This information is need	ded by February 20.		
Please make sure all bo	xes are under 35 poun	ds.	
Please indicate which pick-up station you used:			
Clermont	Ft. Lauderdale Venice		
Tampa	Ft. Walton Beach Jacksonville		
Item name	Number of boxes	Number of items	Total Weight
Quilts			
Baby Care Kits			
Blankets			
Fabric Kits			
Personal Care Kits			
School Kits			
Misc.			
Total(s)			