Lutheran World Relief Congregational Unit Report 2024

Conference Name _	LCMS		
Church Name			
Church Address (Please include city and			
Email (if you would like	a response)		
Please make appointm	ent with your pick up	site for drop-off	
Please make copies for: 1. Truck Driver 2. Pick up site 3. Your records and 4. Leone Goding, 7824 This information is need	Live Oak Lane, Leesbu	rg, FL 34788 or email <u>lec</u>	negoding@centurylink.ne
Please make sure all bo			
•	n pick-up station you used:		
Clermont	Ft. Lauderdale Venice Ft. Walton Beach Jacksonville		
Tampa	Ft. Walto	on 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)			