



## Congregation Leader Appointment Form

Congregation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Pastor(s) \_\_\_\_\_

The following person has been appointed to be our Congregation Leader for the  
*Lutheridge 75<sup>th</sup> Birthday Capital Campaign.*

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

When a leader has been appointed, please complete and return this form to:

Lutheridge  
2049 Upper Laurel Drive  
Arden, NC 28704  
828-209-6326, [ngragg@novusway.org](mailto:ngragg@novusway.org)