



Local Women's Ministry
Monthly Report Form
Mail Report Postmarked by 5th

Report Month/Year	Report Month/Year	Report Month/Year
<input type="checkbox"/> January 20_____	<input type="checkbox"/> May 20_____	<input type="checkbox"/> September 20 _____
<input type="checkbox"/> February 20_____	<input type="checkbox"/> June 20_____	<input type="checkbox"/> October 20 _____
<input type="checkbox"/> March 20_____	<input type="checkbox"/> July 20_____	<input type="checkbox"/> November 20_____
<input type="checkbox"/> April 20_____	<input type="checkbox"/> August 20_____	<input type="checkbox"/> December 20_____

Church # _____

Change of Address?

Identification Section

Local Church _____ Church Telephone _____

Coordinator _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell _____ Email _____

Secretary _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell _____ Email _____

Service Commitment

<input type="checkbox"/> Prayer Ministry	<input type="checkbox"/> Bible Study
<input type="checkbox"/> Literature Translation/Distribution	<input type="checkbox"/> Discipleship Training
<input type="checkbox"/> Outreach/Servant Evangelism	<input type="checkbox"/> Benevolence
<input type="checkbox"/> Spiritual Growth Emphasis	<input type="checkbox"/> WWAM Missions Project
<input type="checkbox"/> Covenant Sisters	<input type="checkbox"/> Local Church/Home Missions Assistance

Stewardship Commitment

Project	Amount Sent
1. Benevolence:	
Smoky Mountain Children's Home	\$ _____
Mother's Day Offering	\$ _____
Special Offerings for SMCH	\$ _____
Iris B. Vest Widows Ministry Center	\$ _____
Church of God sponsored children's home	\$ _____
2. WWAM Missions Project	\$ _____
3. Literature Translation/Publication/Distribution	\$ _____
4. Covenant Sisters	\$ _____
5. Home Missions (identify) _____	\$ _____
Total Funds Submitted \$ _____	