

Local Women's Ministries & Discipleship REPORT FORM

Report Month: Please circle month Postmarked by the 5th of the following month January July August March April May November June December

Service Commitment:		
SpiritualBible StuDisciplesMentorin	n/Servant Evangelism Growth udy ship Training	

Stewardship Commitment				
 Speak Life-All Projects House of Cherith/Atlanta Choices Pregnancy Center Ukrainian Orphanage 	\$ \$ \$			
 Church of God Care Centers Smoky Mountain Children's Home Iris Vest Spirit Care Center 	\$ \$			
Total Funds Submitted \$				

Identification Section

Local Church		Church phone	
Coordinator			
Address		City	Zip
Telephone	Email		
Pastor's Wife			
Address		City	Zip
PW Email		PW phone	

Mail to:

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