



Local Church Women's Ministries
QUARTERLY/MONTHLY REPORT FORM

Report Year: _____

Report Quarter or Month, Check One: ___ Jan ___ Feb ___ March ___ April
 ___ May ___ June ___ July ___ August
 ___ Sept ___ Oct ___ Nov ___ Dec

Church # _____

Church Name _____

Church Address _____

Church City & Zip _____

Women's Ministries Coordinator _____

Women's Ministries Coordinator Cell _____

Women's Ministries Coordinator Email _____

Service Commitment – check all that apply

- Prayer Ministry
- Bible Study
- Outreach
- Benevolence
- WWAM Missions
- Covenant Sister
- Home For Children
- Home Missions
- Literature Translation
- Spiritual Growth

Stewardship Commitment – fill in amounts given

1. 500 Club Giving \$ _____
2. Individual Fund Giving:
 - WWAM \$ _____
 - Home For Children - _____ \$ _____
 - Translation of Literature \$ _____
 - Covenant Sister \$ _____
 - Home Missions- _____ \$ _____
3. Special Offerings \$ _____

Total Funds Submitted and Check #
\$ _____