



Women's Ministries
unlimited.

LOCAL CHURCH WOMEN'S MINISTRIES MONTHLY REPORT

_____ (date)

Church: _____

City: _____

Director: _____

GENERAL	AMOUNT
General Support (District WM Department)	
Charter/Membership	
National Women's Ministries Day	
Christmas Missionary Offering	
Sectional Women's Ministries Offering	
Project Destiny: includes L.I.F.E., Precious Pearls	
MISSIONS	
Pleasant Hills Children Home	
Teen Challenge – please designate site	
Missionary – please designate name, monthly support, birthday offering, Christmas offering	
Aged Ministers	
A/G Family Services (includes Highlands Child Placement and Hillcrest Children's Home)	
Other (please specify)	
Other (please specify)	
TOTAL OF OFFERING	

Use this as a deposit slip to give to your Sectional Secretary