



St/Reg Women's Ministries Director

Commitment to International Women's Ministries

Quarterly Report Form

Report Number/Months	Mail Report Postmarked by
<input type="checkbox"/> 1. May/June/July	August 5
<input type="checkbox"/> 2. August/September/October	November 5
<input type="checkbox"/> 3. November/December/January	February 5
<input type="checkbox"/> 4. February/March/April	May 5

State/Region _____

Change of Address?

Identification Section

St/Regional Director _____

Office Telephone _____ Cell _____ Email _____

Service Commitment (check all that applies)

- | | |
|--|--|
| <input type="checkbox"/> Prayer Ministry | <input type="checkbox"/> Bible Study |
| <input type="checkbox"/> Literature Translation | <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
1. Benevolence:	
Smoky Mountain Children's Home	\$ _____
Mother's Day Offering	\$ _____
Special Offerings	\$ _____
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 \$ _____	