



Church of God
LOCAL WOMEN'S MINISTRIES
Commitment to Ministry
Monthly Report Form

Circle Report Month	Must be Postmarked by	Circle Report Month	Must be Postmarked by
January	February 5	July	August 5
February	March 5	August	September 5
March	April 5	September	October 5
April	May 5	October	November 5
May	June 5	November	December 5
June	July 5	December	January 5

The Commitment to Ministry Monthly Reporting reflects: definite goals for each local Women's Ministries, furnishes incentive to achieve participation in ministry, and recognition for accomplishments.

Date Mailed: _____ / _____ / _____
 (faxed) (emailed) (Day) (Month) (Year)

Church File # _____ **IDENTIFICATION SECTION** Church Email/Website: _____

Church Name: _____ (Church of God) Church Phone: (____) _____
 (City) (Church Name)

<p><input type="checkbox"/> check to indicate a <i>Change of Address</i> <input type="checkbox"/> check if NEW president</p> <p>President: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Work Phone: _____ Cell: _____ Email: _____</p> <div style="border: 1px dashed black; padding: 2px; width: fit-content; margin-left: auto;"> <p>Office Use Only: Change recorded: _____</p> </div>	<p><input type="checkbox"/> check to indicate a <i>Change of Address</i> <input type="checkbox"/> check if NEW secretary</p> <p>Secretary: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Work Phone: _____ Cell: _____ Email: _____</p> <div style="border: 1px dashed black; padding: 2px; width: fit-content; margin-left: auto;"> <p>Office Use Only: Change recorded: _____</p> </div>
---	---

STEWARDSHIP COMMITMENT
Please send your check with this report, payable to: Church of God State Funds

<u>PROJECT</u>	<u>AMOUNT SENT</u>	<u>Office Use Only:</u>
1. Benevolence:		
Smoky Mountain Children's Home	\$ _____	_____
Mother's Day Offering	\$ _____	_____
Other (special? identify) _____	\$ _____	_____
2. WWAM Missions Project	\$ _____	_____
3. Covenant Sisters	\$ _____	_____
4. Heritage Day (Literature, Translation/Publication/Distribution)	\$ _____	_____
5. SOS (IL Special Operational Support: \$3.00 sent by local WM monthly)	\$ _____	_____
6. Other Offerings (identify) _____	\$ _____	_____
TOTAL Funds Raised	\$ _____	_____

OUR COMMITMENT TO YOU:

We will partner with your Women's Ministries to see the Kingdom of God enhanced; to assist you with resources, training opportunities, and to assist the women in our churches to become the women God wants them to be in order to change their home, church, community and the world.

We are too blessed to do less!
State Office Women's Ministries Staff

SERVICE COMMITMENT
Check appropriate box if you participated.

1. Prayer Ministry
 2. Bible Study
 3. Outreach/Servant Evangelism; Visitation; etc.
 4. Spiritual Growth/Conferences; Seminars
 5. Girls Clubs Ministry
 6. Benevolence/Children's Home
 7. WWAM/Women With A Mission
 8. Covenant Sisters
 9. Heritage Day/WM Anniversary
 10. SOS/Special Operational Support

COMMENTS: *We want to hear from you! Please share what you are doing! Use back, if necessary.*

Pastor's Wife's Signature: _____
Optional: This is to assist Pastor's Wife to know reports are being submitted. Follow her directives.