

Women's Department, P.O. Box 191670, Little Rock, AR 72219
Phone: 501.455.5444 , Fax: 501.455.0045, Web: www.arwomen.org

Arkansas Women's Ministries

Monthly Report Form

Report due in the office by the 5th of each month

Section: _____

Church Name/City First: _____

Address: _____

Women's Leader **Other** _____

Name: _____

Address: _____

Phone/Email: _____

Comments/New Information:

Testimony/Prayer Request:

Check if any of the above names/addresses are new since last report

For Office Use Only:

Date Received: _____

Check #: _____ \$ _____

Check appropriate box and list amount for money enclosed

Women's Event
Tithe \$ _____

Monthly
 \$10 gift
 Other _____

CFM
\$ _____

Ministry Report:

of ladies present: _____

of souls saved: _____

filled w/ Holy Spirit: _____

Adopted Missionary(ies): _____

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Area of Giving	Name of Missionary, Institution or other project	Cash Given (actual money given)	*Cash Spent (Materials & shipping)
FOREIGN MISSIONS Missionaries & Families, Bible schools & other foreign missions institutions			
HOME MISSIONS Missionaries & Families, Bible schools & other special home missions ministries. District home missions pastors & families			
BENEVOLENCES National benevolence projects: Highlands Family Services, Disaster Relief, Aged Ministers			
DISTRICT Tithes & Offerings for sectional & district Women's Ministries. District Projects. District –sponsored benevolence institutions			
LOCAL Projects for the church. Community benevolences.			
MARANATHA MANOR National A/G health-care facility, Springfield, MO			
EDUCATIONAL INSTITUTIONS A/G approved (other than those in Foreign or Home Missions)			
NATIONAL National Women's Ministries Week, CASH offerings not shown above sent to Springfield, MO			

*Money spent to purchase materials, food, Bibles, literature, postage & other shipping cost

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