

LOCAL ALLIANCE WOMEN MINISTRIES REPORT

July 1, 20__ to June 30, 20__

Please save a copy for your records and send to your District/Area Director by July 31.

Local AWM Director: _____
Church: _____
Home Address: _____
Phone: _____ E-Mail: _____

PARTICIPATION

1. Estimated number of women in your church _____
2. Estimated total number of women that participate in some/all AWM objective events _____
3. Decisions made for Christ _____
4. Total number of events in each objective:

Prayer	_____
Discipleship	_____
Fellowship	_____
Outreach	_____
Missions	_____

FINANCES

- | | | | | |
|---|----------|--|----------------------------------|-----------------|
| 1. AWM GCF Contribution | \$ _____ | 10. Approved Local Projects | \$ _____ | |
| 2. Outfit Fund | \$ _____ | 11. Work Day Projects | \$ _____ | |
| 3. Other Gifts and Approved Specials | \$ _____ | 12. Speakers' Expenses | \$ _____ | |
| 4. Back to Basics Fund | \$ _____ | 13. Operating Expenses | \$ _____ | |
| 5. Adopted TCK Gifts | \$ _____ | 14. National Ministry Fund | \$ _____ | |
| 6. Guest Home/MK School Dorm Gift | \$ _____ | 15. District Ministry Fund | \$ _____ | |
| 7. National Alliance Women Ministries Project | \$ _____ | 16. Leadership Development Fund | \$ _____ | |
| 8. US Intercultural Ministries Support | \$ _____ | 17. Non-Alliance Missionary Offerings, Gifts, etc. | \$ _____ | |
| 9. Approved District Projects | \$ _____ | 18. Other | \$ _____ | |
| | | | Grand Total of Items 1-18 | \$ _____ |