

The New York State Council Women's Ministry Auxiliary Report

Date: _____

NAME OF CHURCH: _____

ADDRESS: _____

PHONE: _____

NAME OF PASTOR: _____

ADDRESS: _____

PHONE: _____

NAME OF PRESIDENT: _____

ADDRESS: _____

PHONE: _____

| FINANCIAL REPORT | |
|--|-----------------|
| No. of Active Members _____ | |
| Member Dues (\$1.00) per member | \$ _____ |
| No of Junior Members _____ | |
| Junior Member Dues (\$.25) per member | \$ _____ |
| Love offering to Auxiliary (\$10.00) | \$ _____ |
| Love Offering to Host Church (\$5.00) | \$ _____ |
| STATE WAYS & MEANS | |
| October Only: (\$5.20) per member | \$ _____ |
| INTERNATIONAL (IMCWA Region II) March/April only: | |
| Love Offering from Church (\$10.00) | \$ _____ |
| NATIONAL WAYS & MEANS | |
| June Only: (\$5.20) per member | \$ _____ |
| TOTAL OF REPORT | \$ _____ |

| ACHIEVEMENTS | | |
|---------------------------|--------------------|------------------------|
| VISITS | BENEVOLENCE | OUTREACH |
| Hospitals _____ | Food _____ | Tracts _____ |
| Homes _____ | Clothing _____ | Bibles _____ |
| Nursing Homes _____ | Phone Calls _____ | Veteran Hospital _____ |
| Trans- portation _____ | Literature _____ | Mental Hospital _____ |
| Flowers _____ | Volunteer _____ | |

Secretary / Delegate _____