Date:

**The New York State Council**

**Missionary & Christian Women’s Auxiliary Report**

**NAME OF CHURCH:**

**ADDRESS:**

 **PHONE:**

**NAME OF PASTOR:**

**ADDRESS:**

 **PHONE:**

**NAME OF PRESIDENT:**

**ADDRESS:**

 **PHONE:**

**ACHIEVEMENTS**

**VISITS BENEVOLENCE OUTREACH**

Hospitals Food\_\_\_\_\_ Tracts\_\_\_\_\_

Homes \_\_\_\_\_ Clothing \_\_\_\_\_ Bibles \_\_\_\_\_

Nursing Phone Veteran

Homes \_\_\_\_\_ Calls \_\_\_\_\_ Hospital \_\_\_\_\_

Trans- Mental

portation \_\_\_\_\_ Literature \_\_\_\_\_ Hospital \_\_\_\_\_

Flowers \_\_\_\_\_ Volunteer \_\_\_\_\_

**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 $**

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**Secretary / Delegate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**