THE MISSIONARY CIRLCE QUARTERLY REPORT

Church _____ Name of President _____ Telephome Number_

Charch	Name of resident			rerepriorite Number				
	First Quarter	Total	Second Quarter	Total	Third Quarter	Total	Fourth Quarter	Total
	Jan. Feb. Mar.	#	Apr. May, June	#	July,Augt. Sept	#	Oct. Nov. Dec.	#
Witness to the Unsaved								
Provided Transportation								
Visited someone in Jail								
Visited someone in Prison								
Provided Monetary Gifts								
Provided Clothing								
Provided Food								
Provided Assist. to Senior Citzens								
Helped Youth With Homework								
Provided Hospice Care Break								
Provided Flowers								
Hospital Visits								
Visit Nursing Home								