

**THE MICHIGAN DISTRICT OF THE MISSIONRY CHURCH
MONTHLY REPORT FORM**

**1091 Creekwood Trail, Burton, MI 48509
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CHURCH _____ **PASTOR** _____ **MONTH** _____

Dear Pastor:

This report must be returned to the District Office by **the first Friday of each month**. Your report is a significant part of the larger picture of our District's ministry. It lets your people know that their progress is shared with others in a timely manner.

Please also take a few moments to share praise notes and prayer requests, so that we can encourage and support one another. **THANK YOU FOR YOUR INVESTMENT IN THE KINGDOM!**

In Christ,

James W. Keller, District Superintendent

AVERAGE ATTENDANCE FOR THE MONTH:

<input type="text"/>	Sunday School	<input type="text"/>	Morning Worship
<input type="text"/>	Sunday Evening	<input type="text"/>	Total of all Midweek Ministries

PERSONAL MINISTRY:

Pastoral Calls [meaningful contacts: hospital calls, home visits, counseling sessions, etc.]

KNOWN COMMITMENTS:

<input type="text"/>	Salvation	<input type="text"/>	Other Significant Decisions
<input type="text"/>	Baptisms	<input type="text"/>	New Members

Praise/ Prayer [may be shared with others]	Praise/ Prayer [To be kept confidential]

PLEASE DUPLICATE THIS FORM AS NEEDED
Return a copy to District office by mail, e-mail or fax and retain one copy for your records