

MINISTRY/ORGANIZATION MONTHLY REPORT

Ministry Information:		
Ministry Name:	Ministry #:	
Month & Year of Report (ex: December 2	014):	
Person Completing This Report:		
Name:	Title:	
Email Address:	Phone #:	
<u>Please answer the questions below a</u>	nd feel free to share any testimonies on the back	of this page.
How many salvations did you see this	month through your food pantry?	
How many volunteers served with you	u this month in your food pantry?	
Change in Contact Information 2		
Change in Contact Information?		
Phone Number:	Authorized Pick-Up Person:	
Signature of Pastor/Director:		
Signature:		



Report is Due by the 10th of the month. Email: <u>info@dbmsa.org</u> Fax:210-223-1405

Please Print	Is this your		ur	# of people living in your home according to age		
Last Name	first ti	me vis	iting?	0-18yrs	19yrs-59yrs	60+ Years
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			
	Yes	or	No			

		0-18yrs	19-59yrs	60+ years
For Ministry use only:	Total Yes:			
	Total No:			