



## MINISTRY/ORGANIZATION MONTHLY REPORT

### **Ministry Information:**

Ministry Name: \_\_\_\_\_ Ministry #: \_\_\_\_\_

Month & Year of Report (ex: December 2014): \_\_\_\_\_

### **Person Completing This Report:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

***Please answer the questions below and 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 this month in your food pantry? \_\_\_\_\_

### **Change in Contact Information?**

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Authorized Pick-Up Person: \_\_\_\_\_

### **Signature of Pastor/Director:**

Signature: \_\_\_\_\_

