



### QUARTERLY REPORT FORM

Please send report to the State Office quarterly as indicated below.  
Mail to: P.O. Box 717, Carlisle, PA 17013

\_\_\_\_\_ May, June, July - Send by August 5

\_\_\_\_\_ August, September, October - Send by November 5

\_\_\_\_\_ November, December, January - Send by February 5

\_\_\_\_\_ February, March, April - Send by May 5

Name: \_\_\_\_\_ Church: \_\_\_\_\_ Church file #: \_\_\_\_\_

Please list any contact information changes: \_\_\_\_\_

Tell us about ministries to women in your church over the last quarter. Bible Studies, Outreach, Fellowship, etc.

How can we pray for you personally or for your Women's Ministry? How can we assist you in ministering to women?

Projects/ministries you are supporting this quarter. (Please know funds will be disbursed quarterly, so you are encouraged to send the funds as they are raised.) These important ministries are depending on us. Please include funds with your report or indicate if they have been sent with your church's Treasurer Report.

WWAM Project (Ukraine Orphans)	\$ _____	Smoky Mountain Children's Home	\$ _____
Casa Shalom Orphanage	\$ _____	Pennsylvania Pastor's Widows	\$ _____
Local Ministries (identify)	\$ _____	Iris Vest Widows Center	\$ _____
_____		Literature Translation	\$ _____
Covenant Sisters	\$ _____	Other	\$ _____

**Thank you for making a difference in the lives of Orphans, Widows and those in need  
in our communities and around the world!**