

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

1091 Creekwood Trail, Burton, MI 48509

Phone: 810-742-7462 FAX: 810-742-8102

E-Mail: office@mcmichigan.org

CHURCH _____ **PASTOR** _____ **MONTH** _____

Dear Pastor:

This report must be returned to the Resource Center by **the first Friday of each month**. Your report is a significant part of the larger picture of our Regional 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, Regional Director

AVERAGE ATTENDANCE FOR THE MONTH:

Sunday School

Morning Worship

Sunday Evening

Total of all Midweek Ministries

PERSONAL MINISTRY:

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

KNOWN COMMITMENTS:

Salvation

Other Significant Decisions

Baptisms

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 the Resource Center by mail, e-mail or fax and retain one copy for your records

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