

“Girls Ministries Happenings”

MONTH/YEAR _____ Please check “one” of the following: YLM JB BB LS

CHURCH _____

COUNSELOR _____

PHONE/E-MAIL _____

SOCIAL ACTIVITIES (skating, parties, shopping trips, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

SERVICE PROJECTS (church clean-up day, nursing home visitation, food drive, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

OFFERINGS

1. Home for Children \$ _____
2. Campbell’s Soup Labels # _____
3. Translations \$ _____
4. Girls On A Mission (GOAM) \$ _____
5. Covenant Sisters \$ _____
6. YWEA \$ _____

(In order to receive proper credit, please enclose check made payable to: Church of God State Funds)