

2018 Supplemental Sheet

Church Name, City _____ Association _____

1) MULTI-SITE CAMPUS LOCATIONS:

Mission Name:	Address	City/State/Zip	Phone

2) HISTORICAL EVENTS OF INTEREST DURING ASSOCIATIONAL YEAR (ex. new building projects, dedications, ordinations for ministry, new ministries started, etc.)

3) DECEASED MEMBERS (List name only):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4) COMPASSION MINISTRIES INVOLVEMENT (ex. Prison Ministry, After-school care, Food or Clothing ministries, Multi-housing activities, tutoring children/youth, ESL classes, Ministry Center participation, etc.):

a) Is your congregation involved in a Compassion Ministry? Yes/No _____

b) If "yes", please list all types of participation below.

5) Stewardship

a) Do you have a stewardship emphasis in your church? Yes/No _____

b) In what mission offering do you participate? (Check all that apply.)

- Georgia Barnette State Mission Offering
- Annie Armstrong Easter Offering
- Lottie Moon Christmas Offering
- World Hunger Offering
- Children's Home Offering
- Collect one mission offering and divide it between local, state, national and international missions.
- Other

c) If "Other" above, please describe the mission offering participation.

d) Number of tithers?