

MOUNT BETHEL' S MONTHLY MINISTRY REPORT

1501 Arthur Avenue * Nashville, TN 37208

(615) 256-2069

www.mountbethel1885.org

Dr. Jacques Boyd, Pastor

Ministry Name _____

Reporting Month/Year _____

Ministry Director _____

Date _____

Outreach Efforts _____

Past Month's Accomplishments _____

Monthly Goals/Plans _____

Which of the 5 Core Values is your event(s) fulfilling? _____

What applicable materials have you read? _____

What training sessions/workshops have you attended? _____

Monthly report must be completed and submitted MONTHLY to the Church Office (for the Pastor's review) by the 5th day of the month, the form should be completed from the 1st day of the month until the last day of the month.

I need to meet with the Pastor: YES NO

Active Membership	#	Annual Budget	\$
Average Attendance	#	YTD Expenditures	\$
New Members	#	Amount Requested	\$
Prospects	#	Amount Received	\$

Submitted by: _____

Title: _____

Date: _____

PLEASE FEEL FREE TO USE ANY ADDITIONAL SHEETS OF PAPER, HOWEVER, PLEASE INDICATE THAT YOU HAVE DONE SO BY CHECKING THIS BOX

FOR OFFICE USE ONLY

RECEIVED BY: _____

RECEIVED ON: _____

COMMENTS: _____

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