MINISTRY/ORGANIZATION MONTHLY REPORT

Ministry Information:

Ministry Name: _____ Ministry #: _____

Month & Year of Report (ex: December 2014): _____

Person Completing This Report:

Name: _____ Title: _____

Email Address: _____ Phone #: _____

Please answer the questions below and feel free to share any testimonies on the back of this page.

How many salvations did you see this month through your food pantry? _____

How many volunteers served with you this month in your food pantry? _____

Are you currently running a class that is attended by food pantry recipients: yes or no

Name of Class: _____

Number of participants: _____

Change in Contact Information?

Address: _____

Phone Number: _____ Authorized Pick-Up Person: _____

Signature of Pastor/Director:

Signature: _____

Report is Due by the 10th of the month. Email: partnerrelations@dbmsa.org Fax:210-223-1405

Ministry #: _____

DAILY BREAD

Report is Due by the 10th of the month. Email: partnerrelations@dbmsa.org Fax:210-223-1405

Please Print Last Name	Is this your first time visiting?	# of people living in your home according to age		
		0-18yrs	19yrs-59yrs	60+ Years
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			
	Yes or No			

For Daily Bread's use only:		0-18yrs	19-59yrs	60+ years
	Total Yes:			
	Total No:			