



**MINISTRY/ORGANIZATION MONTHLY REPORT**

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

**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	# of participants from the Food Pantry	Language (English or Spanish)

**Change in Contact or Pantry Information?**

New Point of Contact name and number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Authorized Pick-Up Person: \_\_\_\_\_

Change in pantry dates or time: \_\_\_\_\_

**Signature of the Pastor or Director:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

