



MINISTRY/ORGANIZATION MONTHLY REPORT

Report is Due by the 10th of the month. Email: partnerrelations@dbmsa.org

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	Language (English or Spanish)	# of participants attending class from the Food Pantry this month	# of graduates from classes from the Food Pantry this month

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: _____

