

AMERICAN BAPTIST WOMEN'S MINISTRIES OF OHIO
CHURCH CARE AND SHARE REPORT
 (Do not include White Cross Items)

Church Name _____ Association _____ Reporting Year _____

Preparer's Name/Address _____ Phone _____

Please indicate which Ministry received Care & Share donations and the appropriate values:

<u>Short Description of Item</u>	<u>New Items</u>	<u>Used Items</u>	<u>Cash</u>
Dayton Christian Center _____	\$ _____	\$ _____	\$ _____
Neighborhood Ministries _____	\$ _____	\$ _____	\$ _____
Koinonia Camp _____	\$ _____	\$ _____	\$ _____
Camp Kirkwood _____	\$ _____	\$ _____	\$ _____
Judson Care Center _____	\$ _____	\$ _____	\$ _____
Race Track Ministries _____	\$ _____	\$ _____	\$ _____
ABC/Ohio Office _____	\$ _____	\$ _____	\$ _____

Please keep each of these American Baptist ministries in your prayers!

Share with us about your visits to these ministries _____

Name and location of any non-ABC/Ohio projects you supported and the value of your gifts.

	Cash	New Items	Used Items
1. _____			
2. _____			
3. _____			

Thank you for caring. Your sharing really does make a difference!
Send your report to your Association Chairperson:

By _____ Thank You