



Adventist Services Annual Report

YEAR _____

CENTER NAME: _____

CENTER INFORMATION

ADDRESS: _____

PHONE: _____

DIRECTOR: _____

DIRECTOR PHONE/EMAIL: _____

DAY/HOURS OF OPERATION: _____

CENTER DATA

OF VOLUNTEERS _____

VOLUNTEER HOURS _____

INCOME-CHURCH SUBSIDY _____

INCOME-INDIVIDUALS _____

INCOME-CORP./FOUNDATION _____

SERVICES

HOUSEHOLD ASSISTANCE:

BEDDING _____ # OF ITEMS

CLOTHING _____ # OF ITEMS

FOOD _____ # OF FAMILIES OR _____ LBS OF FOOD

CLEANING SUPPLIES _____ # OF ITEMS

PERSONAL CARE KITS _____ # OF KITS

FURNITURE _____ # OF ITEMS

MONETARY ASSISTANCE _____ \$



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COMMUNITY OUTREACH

BIBLE STUDIES _____ # BAPTISMS? _____

SEMINARS _____

ATTENDANCE # _____

EMOTIONAL/SPIRITUAL CARE

SEMINARS _____

ATTENDANCE # _____ #SESSIONS _____

OTHER SEMINARS _____

ATTENDANCE # _____

DISASTER ASSISTANCE

BEDDING _____ # OF ITEMS

CLEANING SUPPLIES (FLOOD BUCKETS) _____ # OF ITEMS OR BUCKETS

CLOTHING _____ # OF ITEMS

FOOD _____ # OR LBS

PERSONAL CARE KITS _____ # OF KITS

DIAPERS _____ # OF DIAPERS

OTHER _____



Mail completed forms to:

Adventist Community Services

5801 W. Michigan Ave,

Lansing, MI 48917