

**Hope United Methodist Church  
NOW Leadership Team Ministry Reporting Form**

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**E-mail your monthly report to [pastoralcare@hopeumc.org](mailto:pastoralcare@hopeumc.org) by the 3<sup>rd</sup> Tuesday of each month.**

**Ministry Name:** \_\_\_\_\_

Number of Active Ministry Members: \_\_\_\_\_

**Frequency of Ministry Meetings:** monthly \_\_\_ bi-weekly \_\_\_ weekly \_\_\_ other \_\_\_

Last Meeting Held: \_\_\_\_\_

**Focus for Current/Upcoming Month** (Please Choose From Below):

**Missions** \_\_\_      **Evangelism** \_\_\_      **Prayer** \_\_\_      **Fundraising** \_\_\_

**Other (please specify)** \_\_\_\_\_

Current Month Event/ Activity	Purpose/ Role
Upcoming Month Event / Activity	Purpose / Role

**NOW meeting details & key items shared with Ministry members.** Yes \_\_\_ No \_\_\_

**Report Prepared By:** \_\_\_\_\_

**Date:** \_\_\_\_\_