



**EAST CENTRAL DISTRICT
UNITED METHODIST WOMEN**

MISSION STUDY REPORT

Please complete one form for each study completed

Send form to: Name _____ **email** _____

Mailing address _____

NAME OF CHURCH _____

NAME OF STUDY _____

NAME OF STUDY FACILITATOR: _____

DATE

COMPLETED _____

NUMBER OF HOURS _____

FROM _____ TO _____

TOTAL NUMBER OF PARTICIPANTS _____

PARTICIPATING UNIT (S)* _____

WERE YOU THE HOST FOR THE STUDY? _____ YES _____ NO

IF NO, HOW MANY PARTICIPATED FROM YOUR UNIT?

_____ ACTION (S) PLANNED/TAKEN AFTER THE

STUDY _____

Name of Person Completing Form _____

Phone _____ **Email** _____

***Participating unit must send their individual report to receive credit.**
