NEW TESTAMMENT HOLINESS CHURCH MONTHLY CONTACT REPORT

Care Minister _____ Month/Year _____

Place the total number in the box shown by the arrow.	• # OF FAMILIES LEARNT	• SERVICE ATTENDANCE	• WEEKLY ATTENDANCE	• VISITED	• INVITED	• SPIRITUAL PRAYER	• BIBLE LESSON	• E-MAIL CONTACTS	• PHONE CONTACTS	• HOLY GHOST FILLED	• NEW CONTACTS	• MINISTRY INVOLVEMENT	• PEOPLE BAPTIZED	• MISSION OFFERING		**NOTES**
Week #1																
Week #2																
Week #3																
Week #4																
Week #5																
MONTHLY TOTALS																
MONTHLY AVERAGES (Monthly totals ÷ # of weeks)																

	# of Members	BAPTIZED	MISSION FUND	Contacts	Other_____
My Goals For Year 2026					
Actual Year-To-Date Totals					
Actual +/- Year-To-Date					