

Mission Survey Form

Complete and mail on or before February 15th

To: Your cluster coordinator

Name of Church _____ Cluster No. _____

Missions Communicator:

Name: _____

Address: _____

Tele no: _____ Fax no: _____ email: _____

Please indicate mission projects supported (completed or in process) by the PW in your church from
Sept 1st thru May 30th

Overseas hospital requests (send to: PC(USA)/Brethren Service Center, Box 188,
Route 31-500 Main St. New Windsor, MD 21776)

- Number of baby blankets _____
- Number of baby gowns. _____
- Number baby caps _____
- Number of bed sheets _____
- Number of thermal blankets _____

Presby-kits:

- Christmas gifts _____
- Personal items _____
- First aid items _____
- Layette _____
- Crafts _____
- School supplies _____
- Household supplies _____

Global mission partners can buy certain items from dealers overseas or have them made by local workers, thus contributing to the local economy as well as eliminating shipping costs. These items include: Bicycles used by health workers in Africa to visit homes of home bound patients; mattresses which are desperately needed to replace unsanitary one and nurses' uniforms which are required for students in nursing programs in Haiti. The address for monetary donations is: PC(USA), PW Remittance Processing, POB 643652, Pittsburg, PA 15264-3652.

Local mission projects might include Meals on Wheels, shelter ministries, crisis assistance, battered women's shelter, prison ministries, foster children care programs, senior citizens services, Samaritan Shoe Boxes. List all that are applicable:

Salem Presbyterian Women may select projects for your church at the Fall Gathering Missions Display Table. Please list any projects you have selected:

Other PC(USA) mission programs supported:

1. Presbyterian Hunger Program \$ _____
2. International Health Ministries \$ _____
3. Presbyterian Disaster Assistance \$ _____
4. Self-Development of People \$ _____
5. Presbyterian Women Creative Ministries

 Birthday Offering \$ _____ Thank Offering \$ _____ Least Coin \$ _____

Comments or additional information:

Signature of person completing this form: _____

Date Submitted: _____