

# SERVING YOUR CONGREGATION IN 2009

Return completed form to:  
Ohio District Mission Support  
Center  
P. O. Box 38277

CONGREGATION			
NAME			
ADDRESS			
CITY, STATE, ZIP			
OFFICE PHONE		FAX	
WEBSITE			

PASTOR			
NAME			
HOME ADDRESS			
CITY, STATE, ZIP			
OFFICE PHONE		WIFE'S NAME	
PERSONAL E-MAIL			

PASTOR			
NAME			
HOME ADDRESS			
CITY, STATE, ZIP			
OFFICE PHONE		WIFE'S NAME	
PERSONAL E-MAIL			

EMERITUS PASTOR		(check one)	Home address	Church address
NAME			WIFE'S NAME	
HOME ADDRESS				
CITY, STATE, ZIP				
HOME PHONE		E-MAIL		

CHAIRMAN		(check one)	Home address	Church address
NAME				
ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

TREASURER		(check one)	Home address	Church address
NAME				
ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

CHURCH EXTENSION FUND REP		(check one)	Home address	Church address
NAME				
ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

(CONTINUED)



SUNDAY SCHOOL SUPERINTENDENT		(check one)	Home address	Church address
NAME				
ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

BOARD OF EDUCATION		(check one)	Home address	Church address
NAME				
ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

YOUTH MINISTRY		(check one)	Home address	Church address
NAME				
ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

EVANGELISM/SOCIAL MINISTRY		(check one)	Home address	Church address
NAME				
ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

STEWARDSHIP		(check one)	Home address	Church address
NAME				
ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

DIR OF CHRISTIAN EDUCATION (DCE)		(check one)	Home address	Church address
NAME				
ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

SECRETARY/ADMIN ASSISTANT		(check one)	Home address	Church address
NAME				
ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

ELDER		(check one)	Home address	Church address
NAME				
ADDRESS				
CITY, STATE, ZIP				
PHONE		E-MAIL		

NOTE ANY ADDITIONAL NAMES ON A SEPARATE SHEET

