



Local WAC Annual Report

(Local Group Name)

For year beginning _____ ending _____
(Month) (Year) (Month) (Year)

Total gifts, donations, dues, offerings, etc. for the year \$ _____

Total given through WNAC channels \$ _____

Total given directly to a department or ministry \$ _____

(Note: these amounts should equal the total gifts for the year)

Young Women Active for Christ (YWAC) Yes _____ No _____

Positions for 20 _____ **to 20** _____
Year Year

Coordinator: _____

Address: _____

Phone: _____

Email: _____

Assistant Coordinator: _____

Address: _____

Phone: _____

Email: _____

Secretary: _____

Address: _____

Phone: _____

Email: _____

Treasurer: _____

Address: _____

Phone: _____

Email: _____

Other Positions

Position: _____

Address: _____

Phone: _____

Email: _____

Position: _____

Address: _____

Phone: _____

Email: _____

Position: _____

Address: _____

Phone: _____

Email: _____

Position: _____

Address: _____

Phone: _____

Email: _____

Position: _____

Address: _____

Phone: _____

Email: _____

Position: _____

Address: _____

Phone: _____

Email: _____