

REPORT OF COMPLETION REQUIREMENTS

(Send completed form to your secretary of program resources or equivalent according to your conference's schedules.)

I have completed the required reading for PLAN _____. The books I have read are listed on the reverse side.

LOCAL UNIT

PRINT NAME

DISTRICT

ADDRESS

CONFERENCE

CITY, STATE, ZIP

Current Year _____

NAME:

PLAN CHOSEN:

IV

III

II

I

Education for Mission

Leadership Development

Nurturing for Community

Social Action

Spiritual Growth

response

Reporting Form

Formulario de Información del Programa de Lectura

독서 프로그램

CERTIFICATE OF RECOGNITION

This certifies that

has completed plan ____ of
the Reading Program of United Methodist Women
and is hereby awarded this certificate by

Presented on the ____ day of _____, 20____



United
Methodist
Women

FAITH • HOPE • LOVE IN ACTION

Secretary of Program Resources

President