

United Christian Women's Ministries (UCWM) Correspondence Form

DATE _____

2025

(Select one)

CHURCH / DISTRICT / DIOCESE _____

Does your UCWM group have regularly scheduled meetings?

YES/NO _____

Does your UCWM group host activities for the church and/or community?

YES/NO _____

What was your Ministry goal last year? _____



UCWM MEMBERSHIP	Ages	
Last Year Membership	19-35	
Last Year Membership	36+	
Last Year Total UCWM Membership		0

	Ages	
This Year Membership	19-35	
This Year Membership	36+	
This Year Total UCWM Membership		0

DAUGHTERS OF ESTHER (DOE) MEMBERSHIP

Last Year Membership	6-12	
Last Year Membership	13-18	
Last Year Total DOE Membership		0

This Year Membership	6-12	
This Year Membership	13-18	
This Year Total DOE Membership		0

President _____
Email _____
Phone _____

Correspondence Secretary _____
Email _____
Phone _____

List Ministry events during the year.

Delegate Name (District, Diocese or National)	Committee

List Any Resolutions (after your Diocese Convention): _____

*If extra lines are needed please use page 2

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