

# RAINBOW COVENANT REPORT FORM

Person Completing Form	Address	City, State, ZIP
Email	Phone	
Church Name	Address, City	District

Membership as of Jan. 1, 2008 \_\_\_\_\_

**FIRST MILE GIVING**

Prerequisite is the payment of all yearly apportionments: 2008 Apportionments paid in full? (please circle) **Yes** No

**SECOND MILE GIVING**

1. World Advance (Red) \$1/member  
Project:

Advance #                      \$ Amount


Total \$ Amount paid \_\_\_\_\_

2. United States Advance (Orange) \$1/member  
Project:

Advance #                      \$ Amount


Total \$ Amount paid \_\_\_\_\_

3. UMCOR Advance (Yellow) \$1/member  
Project:

Advance #                      \$ Amount


Total \$ Amount paid \_\_\_\_\_

One Great Hour of Sharing Offering

4. World Hunger/Poverty (Green) \$6/member  
Project:

Advance #                      \$ Amount


Total \$ Amount paid \_\_\_\_\_

5. Iowa Conference Advance (Blue) \$1/member

Project:	Advance #	\$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total \$ Amount paid \_\_\_\_\_

6. Parish Development (Indigo) \$1/member

Project:	Advance #	\$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total \$ Amount paid \_\_\_\_\_

7. Special Offerings (Purple) \$1/member

Human Relations Day \$ \_\_\_\_\_ Native American Ministries Sunday \$ \_\_\_\_\_ Peace With Justice Sunday \$ \_\_\_\_\_  
 World Communion Sunday \$ \_\_\_\_\_ United Methodist Student Day \$ \_\_\_\_\_ Golden Cross Sunday \$ \_\_\_\_\_  
 Rural Life Sunday \$ \_\_\_\_\_ Christian Education Sunday \$ \_\_\_\_\_ Disability Awareness Sunday \$ \_\_\_\_\_  
 Hispanic/Latino Ministries \$ \_\_\_\_\_ (OR credit equally to RED/ORANGE/INDIGO)

Total \$ Amount paid \_\_\_\_\_

\_\_\_\_\_ (number of members) x \$12 = \$ \_\_\_\_\_

**SECOND MILE GIVING TOTAL** \_\_\_\_\_

**THIRD MILE GIVING Total amount = at least \$3/member**

**Missionary Support /Service (at least \$2/member)**

Missionary Name and # \$ Amount and/or Mission Service Category (page 21)	\$ Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total \$ Amount paid \_\_\_\_\_

**Local & Institutional Giving (\$1/member):**

\$ Amount	Project	\$ Amount	Project
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\* PLEASE RETURN THIS FORM BY FEBRUARY 15 TO YOUR DISTRICT MISSION EDUCATION SECRETARY or RAINBOW COVENANT CONTACT PERSON listed on page 46 in the 2008 Rainbow Covenant Book. \*\***