



Sharing Our Blessings

Name or Couple's Name

Phone

Spiritual Well-Being *Devotions, Prayer, Worship*

Family Devotions (number of minutes per)
____ day / ____ week /or ____ month

Worship Attendance
____ once a month / ____ twice a month /or ____ weekly

Bible Reading (number of minutes)
____ monthly ____ weekly ____ daily

Physical Well-Being *Exercise, healthy foods, rest*

Exercise ____ minutes per week.

Vocational Well-Being *Living a life of meaning, purpose, and service to neighbor*

Volunteer hours per ____ month /or ____ week
at an organization in my community.

____ I would like more information about how I can
serve through the agency circled below:
God's Storehouse, Mercy Unlimited, St. Vincent de Paul,
Library, School, Hospice, Hospital, Meals on Wheels,
Animal Shelter, Big Brother/Big Sister, YMCA, Red Cross,
Habitat for Humanity, Community Servants Day, Loaves
and Fishes, other _____)

Social/Interpersonal Well-Being *Interaction with others – play and time with family*

Family Event (number of minutes)
____ weekly ____ monthly

Emotional Well-Being *Expressing our feelings*

____ Recognizing and honoring your own feelings and
those of others – stress, contentment, anger, love,
sadness, joy, resentment (Check if "yes")

Intellectual Well-Being *Keep our minds active – ask questions, stay curious, seek answers*

____ Attend Sunday School

____ I will participate in a Bible Study opportunity at
least once this year
(in the congregation or outside the congregation)

Financial Well-Being *Developing values that shape how we save, spend, share*

St. Mark's: I/we plan to offer for **Current Operating
Envelopes** (not Dedicated Funds)

\$ _____ per week OR \$ _____ per month
WITH Northwestern Ohio Synod Benevolence

\$ _____ per week OR \$ _____ per month
WITHOUT Northwestern Ohio Synod Benevolence

Other Organization _____

I/we plan to offer
\$ _____ per week OR \$ _____ per month

Other Organization _____

I/we plan to offer
\$ _____ per week OR \$ _____ per month