

ORDER FORM

Name _____
Address _____ City _____
Province/State _____ Zip/Postal Code _____ Amount enclosed _____

Mail this form and your donation to:

Women's Ministries
6401 The Paseo
Kansas City, MO 64131-1213

Make checks payable to: **Women's Ministries.**

PHILOSOPHY:
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We believe all Women are important in God's eyes and are vital in His kingdom. We believe in unity within diversity and cooperation and caring through the inspiration and power of the Holy Spirit.

PURPOSE:
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The purpose of women's Ministries is to glorify God by challenging women

- To know God personally
- To grow in Christlikeness
- To discover and use spiritual gifts
- To love and serve others
- And in all we do to reflect the beauty of the Lord Jesus Christ.

MISSION:
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The mission of Women's Ministries is GROWTH.

- Gathering women
- Resourcing opportunities
- Offering acceptance
- Winning women to Christ
- Teaching biblical truths
- Honoring the Spirit-filled life

LOGO:
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Colossians 2:6-7 is the basis for our logo. *So then, just as you received Christ Jesus as Lord, continue to live in him, rooted and built up in him, strengthened in the faith as you were taught, and overflowing with thankfulness* (NIV).

The logo contains much symbolism. The tree represents the Church growing in Christ, particularly the Church of the Nazarene. Women's Ministries, one of the many entry points into a local congregation, is depicted as one of the branches. The root represents our steadfastness in Christ. Just as a mighty tree with solid roots withstands the forces of nature, so we withstand the forces of life when we are rooted and grounded in Christ.

**Ministry
W Through
Women
RESOURCES**



**Church of the Nazarene
Women's Ministries**

6401 The Paseo, Kansas City, MO 64131

816/333-7000 x 2257

816/363-7092 (fax)

email: lhardin@nazarene.org

The following is a list and description of the resources available through the Women's Ministries Office. Please indicate the items you want, complete the mailing information, mail to Women's Ministries, 6401 The Paseo, Kansas City, MO 64131, or fax it to Women's Ministries at 816-363-7092. A donation of \$5.00 is suggested to cover the cost of preparing and mailing the resources. The donation covers any number of items requested.

___ **The Cries of Crisis: How and When to Help Depression and Illness**
 Suggestions for ministry to individuals during times of crisis.

___ **Family Seder Meal (Easter celebration)**—a family celebration to help children understand our Jewish heritage

___ **Interest Surveys**—surveys to help determine the direction of a local ministry

___ **Instruments of Love**—retreat idea built around the concept that women are instruments to convey God's love to others

___ **KNAP-Kinds Need Adult Participation**—based on the "Big Brother/Big Sister" program, this resource provides everything necessary to offer this ministry (additional \$2.00 is requested)

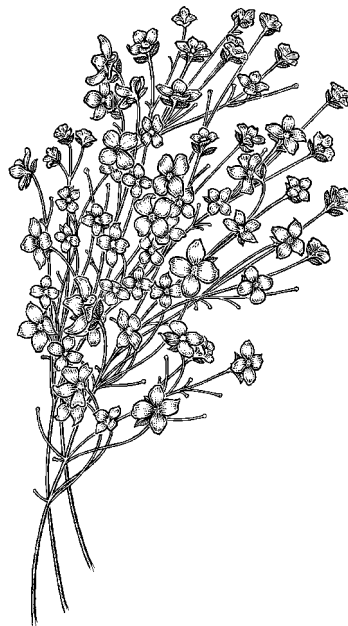
___ **Leadership Suggestions**—suggestions for committee chairpersons and their responsibilities for a variety of ministries under Women's Ministries

___ **Mother/Daughter Program Ideas**—decoration and program ideas to use in a variety of ways to acknowledge mothers and suggestions for making these events more inclusive

___ **Mother's Moments**—Suggestions for developing a ministry to mothers as they fill their various roles.

___ **Passover Meal**—provides information needed to re-live the Last Supper with Jesus and His disciples

___ **Prayer Chain**—guidelines for developing and implementing a prayer chain in the local church



___ **Women's Ministries Handbook for Leaders**

The second edition of *Women's Ministries Handbook for Leaders* provides new information and resources for local and district leaders as they implement Women's Ministries. This *Handbook* is only available through the Women's Ministries office. A donation of \$17.00 is suggested.

Payment for orders that include the *Women's Ministries Handbook for Leaders* may be placed on credit card. Complete the mailing information on the reverse side of this panel and provide the following additional information.

MasterCard

VISA

Billing Address _____

Account number _____

Expiration date _____ / _____
 Month Year