



United
Women
in Faith

Unit Partner Program After Visit Report Form

Your Name: _____

Unit: _____

Date of Visit: _____

Virtual or In Person: _____

Unit President: _____

What information did you provide? _____

How many attended? _____

What concerns do you have? _____

What information do you need to follow up with and what is your plan to complete this? _____

Return this form to your district president.

