

Colorado State Council, P. A. W., Inc.

Diocesan: The Honorable Bishop Jones Foote

CHURCH REPORT

February 201__

June 201__

September 201__

Church Name: _____

Church Address: _____ C/S/Z _____

Church Mailing Address: _____ C/S/Z _____

Church Phone: (_____) _____ Current Membership #: _____

Church website: _____

Church Anniversary Date: _____

PASTOR'S INFORMATION

CHURCH FINANCIAL REPORT

Pastor's Title: (circle one)

Bishop	Suffragan Bishop
District Elder	Elder
Evangelist	Minister
Other:	

Pastor's Name: _____

Pastor's Address: _____

C/S/Z: _____

Pastor's Phone #: _____

() _____

Pastor's Email Address: _____

Pastor's Birthday: _____

Pastor's Anniversary Date: _____

P.A.W., Inc. Assessment \$ _____
(\$10/member)

CSC Church Representation \$ _____
(\$2/member/Council)

Bishop's Offering \$ _____

Chairman's Offering \$ _____

Host Church Offering \$ _____
(suggested \$25 minimum)

Christian Education Offering \$ _____

Health Professional Offering \$ _____

Men's Ministry Offering \$ _____

Minister's Wives Offering \$ _____

Usher Board Offering \$ _____

Women's Ministry Offering \$ _____

Young Peoples Union Offering \$ _____

Missions \$ _____
(Members 50 or less \$25.00 ~51-100 \$50.00
~101-200 \$100.00 ~201-up \$300.00)

GRAND TOTAL _____

OFFICE USE ONLY

Cash: _____

Check: _____

Credit Card: _____

Preparer: _____

QA Reviewer: _____