



THE ILLINOIS STATE COUNCIL of the
Pentecostal Churches of the Apostolic Faith Association, Inc.

Home Missions Quarterly Report

Date: _____

NAME OF ASSEMBLY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: () _____

PASTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: () _____

CHAIRMAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: () _____

FOR THE QUARTER OF (MONTHS) _____, _____, _____

REMARKS: _____

WE ARE SENDING \$ _____ TO THE COUNCIL

WE ARE SENDING \$ _____ CHAIRMAN'S LOVE OFFERING

WE ARE SENDING \$ _____ CHAIRMAN'S EMERITUS' LOVE OFFERING

TOTAL AMOUNT WITH THIS REPORT \$ _____

SIGNED: _____

DELEGATE

Note: This report must be properly filled out and submitted at each quarterly session of the Illinois State Council