



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

Missionary Department 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

WE ARE SENDING \$ _____ BEREAVEMENT LOVE OFFERING

WE ARE ASKING \$50.00 FROM EACH ILLNOIS STATE COUNCIL MISSIONARY DEPARTMENT

Note: These funds should derive from the Missionary Department and not from the church treasury.

Thank you.

TOTAL AMOUNT WITH THIS REPORT \$ _____

SIGNED: _____

DELEGATE