



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 ISC MISSIONARY DEPARTMENT
WE ARE SENDING \$ _____ MISSIONARY 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