



THE ILLINOIS STATE COUNCIL of the

Pentecostal Churches of the Apostolic Faith Association, Inc.

Quarterly Church Report

DATE: _____

NAME OF ASSEMBLY: _____

ADDRESS: _____

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

PASTOR: _____

ADDRESS: _____

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

SECRETARY: _____

ADDRESS: _____

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

FOR QUARTER OF (MONTHS) _____, _____, _____

WHAT IS YOUR MEMBERSHIP? _____ **REMARKS:** _____

WE ARE SENDING \$ _____ WITH THIS REPORT TO THE COUNCIL.

WE ARE SENDING \$ _____ FOOD ASSESSMENT

WE ARE SENDING \$ _____ LOVE OFFERING TO THE DIOCESAN

WE ARE SENDING \$ _____ TO THE PARENT BODY

WE ARE SENDING \$ _____ DIOCESAN DISCRETIONARY FUND

WE ARE SENDING \$ _____ D/E LOVE OFFERING

WE ARE SENDING \$ _____ OUTREACH

TOTAL AMOUNT WITH THIS REPORT \$ _____

SIGNED: _____
SECRETARY

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