



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

Foreign 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: () _____

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

REMARKS: _____

WE ARE SENDING \$ _____ TO THE ISC FOREIGN MISSIONS DEPARTMENT
WE ARE SENDING \$ _____ FOREIGN MISSIONS CHAIRMAN'S 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.