



**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 ISC HOME MISSIONS DEPARTMENT  
WE ARE SENDING \$ \_\_\_\_\_ HOME 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**