

VIRGINIA STATE COUNCIL APOSTOLIC, INC.

CHURCH REPORT FORM

DATE: ____ / ____ / ____

CHURCH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PASTOR: _____

HOME PHONE: _____ CELL: _____

PASTOR'S EMAIL: _____

CHURCH PHONE: _____ CHURCH FAX: _____

CHURCH EMAIL: _____

BISHOP L.O. \$	_____
LOVE OFFERING \$	_____
CHURCH TITHES \$	_____
MEMBERSHIP DUES \$	_____
EXTENSION FUND \$	_____
FOR. MISSION \$	_____
HOME MISSION \$	_____
LICENSE \$	_____
ACCRC \$	_____
OTHER \$	_____
GRAND TOTAL \$	_____

NAME	MEMBERSHIP DUES	EXTENSION FUND
TOTAL AMOUNTS THIS PAGE		