



Heart of America Council of Churches

P. A. W., Inc.

Diocesan: *The Honorable Bishop Mark C. Tolbert*



CHURCH REPORT

June

October

Church Name: _____

Church Address: _____ C/S/Z _____

Church Mailing Address: _____ C/I/S/Z _____

Church Phone: (____) _____ Current Membership #: _____

Church website: _____

Church Anniversary Date: _____

PASTOR'S INFORMATION

CHURCH FINANCIAL REPORT

Pastor's Title: (circle one)

Bishop	Suffragan Bishop
District Elder	Elder
Evangelist	Minister
Other: _____	

Pastor's Name: _____

Pastor's Address: _____

C/S/Z: _____

Pastor's Phone #: _____

(____) _____

Pastor's Email Address: _____

Pastor's Birthday: _____

Pastor's Anniversary Date: _____

P.A.W., Inc. Assessment (\$10/member/year)	\$ _____
HACC Church Representation (\$3/member/year)	\$ _____
Bishop's Offering	\$ _____
Chairman's Offering	\$ _____
Host Church Offering (suggested \$25 minimum)	\$ _____
Christian Education Offering	\$ _____
Health Professional Offering	\$ _____
Men's Ministry Offering	\$ _____
Ministerial Alliance	\$ _____
Minister's Wives Offering	\$ _____
Usher Board Offering	\$ _____
Women's Ministry Offering	\$ _____
Young Peoples Union Offering	\$ _____
Missions	\$ _____

(Members 50 or less \$25.00 ~51-100 \$50.00
~101-200 \$100.00 ~201-up \$300.00)

GRAND TOTAL _____