

(PLEASE USE BLACK INK TO COMPLETE REPORT)

CHURCH OF GOD MONTHLY TREASURER'S REPORT

Mission Statement: The mission of the Church of God is to communicate the full gospel of Jesus Christ (Matthew 28:19, 20) in the Spirit and power of Pentecost (Acts 2:1-4, 6, 13-18)

Core Values: Prayer, Pentecostal Worship, World Evangelization, Church Planting, Leadership Development, Care and Interdependence.

Prayer Concerns/Comments _____

Report for the _____ CHURCH OF GOD

Church Address (Street or P.O.) _____

City _____ State ON Zip _____

Church Shipping Address _____

City _____ State ON Zip _____

Treasurer's Name Mr. Mrs. Ms. _____

Address _____ City _____ State ON Zip _____

Treasurer's Telephone _____ Church Telephone _____

Church E-mail address _____ Web site _____

Check box if Treasurer's name or address has changed since last report.

Church File No. _____

Report Month _____ Year _____

CANADA-EASTERN 52
State/Region _____

Employer Identification No. _____

GREAT COMMISSION IMPACT		FINANCIAL DATA		
Discipleship/Evangelism on campus (Combined Weekly Average SS, FTH, Care, etc.)		Total Tithes paid into local treasury this month		\$
Discipleship/Evangelism off campus (Combined Weekly Average prison ministry, cell groups, Bible clubs, nursing homes visitation, etc.)		All Other Income		\$
Sunday Morning or Primary Worship Service Average Weekly Attendance		International		State/Regional
Ethnic Outreach Language Code _____ <small>SEE BACK OF FORM FOR CODES</small>		Tithes to International Offices 5.0% of total tithes		\$
MEMBERSHIP REPORT		Tithes to State/Regional Offices 5.0% of total tithes		\$
Total Last Month <input type="text"/>		Home for Children SS Birthday Offering, Mother's Day		\$
Members Received: New _____ + Transfer _____ = + _____				\$
Excluded _____ + Deceased _____ + Transferred _____ = - _____				\$
Male _____ + Female _____ = Total <input type="text"/>		Other		\$
Total Church Property Appraisal \$		TOTAL Add each column. Make sure check or money order agree with totals.		\$
Total Church Property Indebtedness \$		REMARKS		
Are any accounts/payments more than 60 days past due? Y ___ N ___		OFFICIAL USE: DO NOT WRITE IN THIS SPACE		
Pastor's Name _____				
Pastor's Ministerial Number _____				
SS Director's Name _____				
FTH Director's Name _____				
Treasurer's Signature _____				
Pastor's Signature _____				