

Minister's Monthly Report Form

ACTS2DAY Ministries

International Pentecostal Holiness Church, Inc.
P. O. Box 12609, Oklahoma City, OK 73157
405.787.7110 ext. 3314

For office use only:

Contributor # _____

Code # _____

Date Rec'd: _____

*This report must be filed monthly by all ministers of the ACTS2DAY Ministries. Keep a copy for your files and mail original to: **The Acts2Day Conference, PO Box 12609, Oklahoma City, OK 73157***

PERSONAL INFORMATION (Please print)

Check here if this is a NEW address

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: (____) _____

Church Phone: (____) _____

Email Address: _____

Shipping address if different from above:

CURRENT STATUS

Licensed Ordained Retired

Name of Your Church: _____

PRAYER, PRAISE AND INFORMATION

Please let us hear from you.

CONTINUING EDUCATION UNITS

FINANCIAL SUMMARY:

This tithe is for the month of _____

Tithe Paid to Conference: \$ _____

Designated Offerings (such as Missions or GO Offering) Use back of this sheet to list individually.

_____ \$ _____

_____ \$ _____

Total Enclosed: \$ _____

Check/money order # _____

Signed: _____

Today's Date: _____

Revised January 09