

NORTH CAROLINA DISTRICT COUNCIL (NCDC)
PCAF INTERNATIONAL, INC.

BROTHERHOOD ALLIANCE REPORT BLANK

DATE _____

Name of Church: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Pastor's Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Local Church Activity Report

Local Brotherhood Chairman: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Date of Your Brotherhood Service: _____

<i>Love Offering to the Department for Activities</i>	\$
<i>Total Offerings with this Report</i>	\$

Please Note: Brotherhood Officers serve on a volunteer basis.

Remarks:

Delegate: _____