

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

HOME MISSIONS REPORT BLANK

Date: _____

Pastor: _____

Name of Church: _____

Address: _____

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

Local Chairperson:

Name: _____

Address: _____

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

| | |
|--|----|
| Love Offering to the Auxiliary (<i>suggested auxiliary offering – minimum of \$100.00</i>) | \$ |
| Love Offering to the Auxiliary Chairperson | \$ |
| Love Offering to the Auxiliary Vice Chairperson | \$ |
| Total Offerings with this Report | \$ |

Remarks:

Delegate: _____