

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

MISSIONARY AUXILIARY REPORT BLANK

Date: _____

Name of Church: _____

Address: _____

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

Pastor's Information:

Name: _____

Address: _____

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

Local Chairperson's Information

Name: _____

Address: _____

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

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

Local Missionary Activity Report

<i>Number of Hospital Visits</i>	
<i>Number of Home Visits</i>	
<i>Number of Prayer Band Visits</i>	
<i>Number of Local Membership</i>	
<i>Banner Count</i>	

Please give a summary of your Missionary activities for the past quarter. The report will be shared with all local auxiliaries.

Delegate: _____