

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

YOUNG PEOPLE AUXILIARY REPORT BLANK

DATE: _____

Name of Church: _____

Address: _____

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

Fax: _____

Pastor's Information:

Name: _____

Address: _____

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

Local Chairperson's Information:

Name: _____

Address: _____

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

Local Church Activity

Number of Members Enrolled: _____ Number Holy Ghost Filled Since Last Council: _____

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

Remarks:

Delegate: _____