

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

**EVANGELISM AND OUTREACH 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>	\$
<b><i>Total Offerings with this Report</i></b>	\$

**Local Evangelism and Outreach Auxiliary 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 Evangelism and Outreach Auxiliary activities for the past quarter. The report will be shared with all local auxiliaries.*

Delegate: \_\_\_\_\_