

**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:*** \_\_\_\_\_