

NC COGOP Monthly Report to State Treasurer

Church Name _____

Month _____ Year _____

Number of Members _____ Average Sunday Attendance _____

_____ Total Tithes Received in Local Church

_____ Tithes Paid Pastor

_____ Pastor's First Sunday Offering

_____ 2% of Tithes to State Office

_____ Harvest & Leadership Offerings

_____ LTD/Life Insurance for Pastor

_____ Camp Maranatha Level 2 Offering

_____ Other (Specify _____)

_____ Total Amount Check # _____

Treasurer Name _____ Telephone _____

Treasurer Address _____

Treasurer City _____ State ____ Zip _____

Treasurer Email Address _____

Please Mail report to: NCCOGOP State Office Attn: State Treasurer PO Box 699 Jamestown, NC 27282
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