

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 check here if your treasurer name or address has changed from your previous report.

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