



International Bible Way Church of Jesus Christ, Incorporated
NORTHEAST OHIO DISTRICT

PASTOR'S CHURCH REPORT

Date:			
Church Name:			
Church Mailing Address:			
City:	State:	Zip:	Phone:
Pastor's Name:			
Pastor's Mailing Address:			
City:	State:	Zip:	Phone:

FINANCIAL REPORT

Church Contribution	\$
Brotherhood	\$
Missionary Department	\$
Women's Department	\$
Sunday School	\$
Ushers/Nurses	\$
Youth Department	\$
Love Offering	\$
Other (Specify): _____	\$
TOTAL AMOUNT TURNED IN WITH THIS REPORT	\$