

EVANGELICAL FRIENDS CHURCH-EASTERN REGION MONTH OF:
PASTOR'S MONTHLY REPORT FORM

MONTH AND YEAR _____ 20

Name of Pastor: _____

Name of Church: _____ District: _____

North: Please complete and return to the EFC-ER office: jmcdonald@efcer.org, or 5350 Broadmoor Cr., NW, Canton, OH 44709.

South: Please complete and return to Frank Carter: fcarter@efcer.org or 2416 River Oaks Dr., Chesapeake, VA 23321.

WEEKLY ATTENDANCE:	Sunday School	Worship	Sunday Evening	Other Weekly
First Sunday	_____	_____	_____	_____
Second Sunday	_____	_____	_____	_____
Third Sunday	_____	_____	_____	_____
Fourth Sunday	_____	_____	_____	_____
Fifth Sunday	_____	_____	_____	_____
WEEKLY AVERAGE	_____	_____	_____	_____

THE MONTHLY INCOME: Income for the month: \$ _____

 Expenses for the month: \$ _____

 Balance for the month: \$ _____

Note: It is recommended that you maintain a copy of this template for use. Completed forms should be saved as follows: ChurchName-MonthYear.pdf

Attach the saved form to an email message and send to the appropriate email address listed at the top of this document. Or print out the completed form and send by regular mail.

HOW ARE YOU DOING?

1. How may we pray for you this month? _____

2. Please share with us a specific reason for praise this month: _____