

MDC Tri-Annual Church Report

Date _____

Please Circle: April July October

Please Circle which location you prefer to receive mail: **Church Address** or **Home Address**

Church Information:

Church Name: _____ Membership Size: _____

Church Address: _____
 # Street City State Zip Code

Church Phone: _____ Church Fax: _____
 Church Website: _____

Pastor Personal Information:

Name: _____

Home Address: _____
 # Street City State Zip Code

Home Phone: _____ Cell Phone: _____
 Email: _____

Church Assessment:

MDC Assessment: \$ _____
 P.A. of W., Inc. Assessment: \$ _____
 Host Church Offering: \$ _____ (recommended offering \$100)
 International Missions Offering: \$ _____ (recommended offering \$50)
 Unity Night Offering: \$ _____ (recommended offering \$100)
 Bishop's Offering: \$ _____ (recommended offering \$200)
TOTAL: \$ _____

Assessment Information:

MDC Monies are used to run the operations of our local council. Typically paid in 3 installments (APRIL/JULY/NOVEMBER); PAW Funds are used to pay our annual assessment to the P.A. of W., Inc. Typically paid in 3 installments (APRIL/JULY/NOVEMBER)

MDC Assessment	Yearly	Per Council
1-100	\$500	\$167
100 +	\$5/member	\$5/member

PAW Assessment	Yearly	Per Council
1-19	\$364	\$121
20-49	\$728	\$243
50-99	\$1,092	\$364
100-200	\$1,456	\$486
> 200	\$1,820	\$607