Assemblies of The Lord Jesus Christ
National Home Missions Department
P.O. Box 1469 Minden, LA 71055
318.371.1037

ALLOTMENT RELEASE FORM

This form must be received by the 10th of each month. This form should report information from the previous month (for example, the report for January must be received by February 10)

Reporting for the Month of _____ Year _____

Church Name:_____Pastors Name:_____

Address:_____Phone Number_____

City:_____State:_____Zip Code_____ Total Monthly Offerings:_____

Do You Have An Outside Job?_____ Amount Of Rent Or Mortgage Payment For Place Of Worship:_____

Cost Of Utilities:_____Average Attendance For Month:_____ Number of Church Services this Month _____

Do You Have Any Emergency Expenditures For This Month?_____

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Please give a report of what's happened in your church during the last month. We will use this information for the Witness and the Home Mission's Newsletter:_____

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This form must be sent to the Home Mission's Office at P.O. Box 1469 Minden, La 71055, by the **10th** of each month. A Check will not be issued if this form is not received.

By signing this form you agree to the terms of The Home Missions Policy of The Assemblies of The Lord Jesus Christ.

Signature:_____ Date:_____