



District Remittance Form

PAOC NO.	MONTH	DAY	YEAR

CHURCH NAME: _____

ADDRESS: _____

GENERAL		
DISTRICT FINANCIAL SUPPORT		
CHURCH PLANTING GENERAL		

CHURCH MINISTRIES		
YOUTH SUPPORT		
CHRISTIAN EDUCATION SUPPORT		
WOMEN'S MINISTRIES SUPPORT (i.e. WM Day)		
OTHER		

OTHER		

TOTAL REMITTANCE		
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