



LOCAL CHURCH MINISTER MONTHLY REPORT

For Month Ending _____

Name: _____ Phone: _____ E-mail: _____

Address: _____

Mailing Address: _____

Local Church Name: _____

Number of Visits ____ Number of Services Conducted ____ Number Saved ____

Number Sanctified ____ Number of Holy Spirit Baptisms ____

Are your tithes paid in your local church? Yes No

LCM Fee Enclosed \$ _____ Fees are \$15.00 per month or \$180.00 per year

Make checks payable to Pacific Western Network Ministries

Mail to: Pacific Western Network Ministries P.O. Box 2250 Clovis, CA 93613

(559)322-1966 office (559)322-1968 fax