

INDIANA STATE BROTHERHOOD CHURCH REPORT

Apostolic Bible Students Association (ABSA)

Date of Council Report _____

Name of Church _____

Address _____

Name of Chairman _____

Name of Pastor _____

Love Offering – Men’s Ministry \$ _____

Individual Registration \$ _____

Church Registration \$ _____

Love Offering – Chairman \$ _____

IMMA Assessment \$ _____

Special Offering to ABSA Global (Foreign) Mission \$ _____

Total \$ _____

Church size Category: Small _____ Medium _____ Large _____

Make checks payable to: ABSA Men’s Ministry

Mail Forms to:

ELDER MARK SMITH (TREASURER)

P.O. BOX 881423

INDIANAPOLIS, IN.46208