

**Monthly Report Form for Missions, Works and Parishes  
Diocese of the Central States  
Reformed Episcopal Church**

NAME OF CONGREGATION \_\_\_\_\_

MONTH \_\_\_\_\_

Date	Attendance	No. of Visitors	Offering	Name of Visitors	Address of Visitors
<b>TOTALS FOR MONTH</b>					

Please fill out this form each month and return to the Diocesan Office at 511 Rochelle Dr., Nashville, TN 37220

**Monthly Income and Tithes  
Diocese of the Central States  
Reformed Episcopal Church**

Year \_\_\_\_\_

Congregation: \_\_\_\_\_ City/State: \_\_\_\_\_

<u>Date</u>	<u>Total Income</u>	<u>(-) Designated Gifts</u>	<u>(=) Net Income</u>	<u>Tithes</u>
Wed. _____	_____	_____	_____	_____
1 <sup>st</sup> Sun. _____	_____	_____	_____	_____
Wed. _____	_____	_____	_____	_____
2 <sup>nd</sup> Sun. _____	_____	_____	_____	_____
Wed. _____	_____	_____	_____	_____
3 <sup>rd</sup> Sun. _____	_____	_____	_____	_____
Wed. _____	_____	_____	_____	_____
4 <sup>th</sup> Sun. _____	_____	_____	_____	_____
Wed. _____	_____	_____	_____	_____
5 <sup>th</sup> Sun. _____	_____	_____	_____	_____
Wed. _____	_____	_____	_____	_____

Date of Tithe Check: \_\_\_\_\_

Amount of Tithe Check: \_\_\_\_\_

Check No. \_\_\_\_\_ Treasurer: \_\_\_\_\_

**Explanation of designated gifts:**

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