



**TITHE AND OFFERING
FOR PASTORS AND
CREDENTIAL HOLDER (ONLY)
Assemblies of God in Jamaica
Monthly Report Form**

Month: _____ Year _____

Name: _____ Home Church: _____

Ministry Position: _____

Tithe: \$ _____

Offerings for:

- | | |
|----------------------|----------|
| 1. Sunday School: | \$ _____ |
| 2. Women's Ministry: | \$ _____ |
| 3. Children's Home : | \$ _____ |
| 4. Men's Ministry: | \$ _____ |
| 5. Missions: | \$ _____ |
| 6. Radio Broadcasts: | \$ _____ |
| 7. Bible College: | \$ _____ |
| 8. Miscellaneous: | \$ _____ |

Grand- Total Offering: \$ _____

Signature: _____ **Date:** _____
Pastor/ Credential Holder (mm/dd/yyyy)

Note:

Pastors/Ministers, please complete and return this document to the Headquater's Office **monthly** in keeping with the Bylaws, Article 10, Section 1

For Online Transactions: Banking Information
Assemblies of God in Jamaica
Bank of Nova Scotia (Jamaica)
Knutsford Blvd
Chequing Account
ACC # 138-11

Kindly submit along with proof of payment to headquarters via email
(aogjamaica@gmail.com) or WhatsApp (1-876-480-8542)

Prayer Requests and Testimonials may be submitted with this form. Thank you for supporting the kingdom of God. Remember God loves a cheerful giver. (2 Cor. 9:7)