**THE NEW YORK STATE DISTRICT COUNCIL P.A. OF W. BROTHERHOOD AUXLIARY REPORT**

***Bishop Kevin Dobbs, Diocesan***

*(Please Print Or Type) Date:*

*Name of Church: Phone:*

*Address: City: Zip Code:*

*Pastor’s Name: Phone:*

*Address: City: Zip Code:*

*President’s Name: Phone:*

*Address: City: Zip Code:*

Number of Members Paying Dues………………………………………………………………………………………………….

Amount of Dues ($3.00)………………………………………………………………………………………………………………..$

Education Fund……………………………………………………………………………………………………………………………..$

Love Offering to Brotherhood Auxiliary…………………………………………………………………………………………$

National Brotherhood ($10.00 Per Church and Per Member – June Council)………………………………..$

**Total Amount Reporting**…………………………………………………………………………………………………………..….$

**MEMBERS NAMES**

1. 2.

3. 4.

5. 6.

7. 8.

9. 10.

11. 12.

13. 14.

15. 16.

17. 18.

19. 20.

21. 22.

23. 24.