

COUNT FORM—WEEKLY OFFERING

Name of Church: _____

Address: _____

Date: _____

	Coins	Currency	Checks	Sub Total	Total
General Fund: Plate	\$	\$	\$	\$	
Special Funds: Envelope					\$
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
Other Receipts: Sunday School:					
Plate					
Envelope					

Total Source/Deposit					

Counted by: _____ Date: _____

Counted by: _____ Date: _____