

# COUNT FORM—WEEKLY OFFERING

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

	Coins	Currency	Checks	Sub Total	Total
<b>General Fund:</b> Plate	\$	\$	\$	\$	
<b>Special Funds:</b> Envelope					\$
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
_____ Fund					
<b>Other Receipts:</b>					
Sunday School:					
Plate					
Envelope					
_____					
_____					
<b>Total Source/Deposit</b>					

Counted by: \_\_\_\_\_ Date: \_\_\_\_\_

Counted by: \_\_\_\_\_ Date: \_\_\_\_\_