



ECUMENICAL APOSTOLIC CHURCH DIOCESE

MONTHLY TITHING SUPPORT

P.O. BOX 236 – BARHAMSVILLE, VA. 23011

PRINT ALL INFORMATION

Name: _____

Address: _____

Church/Ministry Name: _____

Address if different above: _____

Number of Congregation Members: _____ Denomination: _____

Amount of support given: _____ Date: _____

Retain a copy for your records and make sure to send this document with your check

Signature