

MT CALVARY A.M.E. CHURCH

MINISTRY DUES COLLECTION FORM

MINISTRY NAME: _____

DATE: _____

	FULL NAME	ENV. #	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

TOTAL AMOUNT = _____

COUNTED BY (Ministry Treasurer): _____

VERIFIED BY (Finance Team): _____

TEAM LEADS SIGNATURE (Finance Team): _____