



AREA ANNUAL FINANCIAL REPORT

	EIN # _____
Area _____	ID # _____
VP of Finance Dev _____	President _____
VP's email _____	President's email _____
Address _____	
City, ST ZIP _____	Annual Period Ending _____
Phone _____	

	<u>UNRESTRICTED</u>	<u>RESTRICTED</u>	<u>TOTALS</u>
INCOME			
Offering/Donations	_____	_____	
Book Sales	_____	_____	
Registrations/Fees	_____	_____	
Interest	_____	_____	
Other _____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
TOTAL INCOME	\$ - +	\$ -	\$ -
EXPENSES			
Tithes/Donations	_____	_____	
Publication Purchases	_____	_____	
Facility Rent/Meals	_____	_____	
Travel/Food/Lodging	_____	_____	
Honorariums	_____	_____	
Printing/Postage/Supplies	_____	_____	
Other _____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
TOTAL EXPENSES	\$ - +	\$ -	\$ -
NET INCOME FOR PERIOD (Income Less Expenses)			\$ -
BEGINNING BALANCE IN BANK ACCOUNT (The ending balance from last year's report)		+	\$ -
ENDING BALANCE IN BANK ACCOUNT	\$ - +	\$ -	\$ -

Submitted by (Signature) _____

_____ Date

**Please submit this report by January 30th to your U.S. Regional Director and also mail it to:
Aglow International, PO Box 1749, Edmonds WA 98020-1749 Attn: Linda Jones**