



LOCAL BOARD ANNUAL FINANCIAL REPORT

For fiscal year ending _____

NATION: _____
President: _____
Treasurer: _____
Address: _____
Phone: _____
E-Mail: _____

AGLOW ID# _____
Banking Information: _____
Bank: _____
Bank: _____
Phone: _____
Account # _____

Beginning bank balance first day of fiscal year 20 _____ **\$** _____

INCOME

Offerings & donations \$ _____
Aglow literature _____
Retreat registrations _____
Memberships _____
Misc. or other income categories _____
(Please specify) _____

Total Income \$ _____

Sub-total (Beginning balance plus total income) \$ _____
Sub-total

EXPENSES

Tithes, offerings \$ _____
Aglow literature _____
Retreat expenses _____
Love gifts _____
Travel expenses _____
Rent/utilities _____
Postage/phone _____
Supplies/printing _____
Publicity _____
Misc. or other expenses categories _____
(Please specify) _____

Total Expenses \$ _____

Grand Total (Subtotal minus expenses) \$ _____
↓ *These should match*

Ending bank balance last day of fiscal year 20 _____ **\$** _____

Currency reported on form _____

Total number of individual memberships for current year _____

Submitted by _____

(Treasurer's signature)

Send to Aglow National leader for your nation or to:

Global Field Office - International/Aglow International/P.O. Box 1749/Edmonds, WA 98026 USA