

**South Carolina Jurisdiction**

**Church of God In Christ**

**CHURCH ASSESSMENT AGREEMENT FORM**

Church

Address

City

State

Zip

Phone

Fax

Pastor

# Calendar Year 2019

**Assessment Amount** $\_

## \_ \_ \_ \_

*Note: Assessments are requested to be made in 12 equal payments; however, it is up to the local church Pastor as to how this is done. Please note, that any outstanding arrears from the previous year will be added to this assessment upon receipt in the budget office. The entire amount is due by the end of the current calendar year. In order to proper document and capture payment amount 15 December will serve as the end of the calendar year date.*

 As the Pastor of said Church, I submit and agree to this Assessment. I further agree to the terms and conditions of payment.

# SIGNATURES

Pastor District Superintendent

The payment of funds can be made electronically by going to the Jurisdiction website [www.scjcogic.org](http://www.scjcogic.org) or clicking on hyperlink <https://giv.li/fo9xy5>

Also payments can be made thru the mail to P.O. Box 117, Attn: Linda Wright. Goose Creek SC 29445.

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| **Date Received by office of Budget and Finance** | **\_----------------------------------**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | Chairman Budget and Finance |
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