CHURCH OF GOD BY FAITH, INC.
BURIAL LEAGUE PAYMENT RECORD

Payment for month of _____ Pastor _____

Church Name _____

Church Address _____ City _____ State ____ Zip _____

Burial League Representative_____

(Please indicate amount each member is paying. If paying for more than the current month, please indicate so.)

Member's Name	$3,000 @ $7.50	$2,000 @ $5.00	$1,000 @ $2.50	Paid Up Member	Month Payment For

COLUMN TOTALS $_____ $_____ $_____

TOTAL ENCLOSED $_____ CHECK # _____

Revised 3/2009