

**OHIO NORTH FIRST JURISDICTION COGIC**  
**P.O. BOX 1504 - MANSFIELD, OHIO 44901**

Pastor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Church \_\_\_\_\_  
Church Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Church Phone \_\_\_\_\_  
Dist. Supt. \_\_\_\_\_

TITHE AMOUNT \$ \_\_\_\_\_  
DATE PAID \_\_\_\_\_

\_\_\_ CASH \_\_\_ CHECK NO. \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
Recorded By	_____	
Date Recorded	_____	
Copy:	___ White (Office)	___ Yellow (Office)    ___ Pink (Pastor)

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