

PASTOR'S FINANCIAL PACKAGE

African Methodist Episcopal Church
Western District of the Western NC Conference of the 2nd Episcopal District

Pastor's Name: _____

Name of Church: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____

Category	Weekly	Monthly	Yearly
Salary (Gross= Before Taxes)	_____	_____	_____
Housing Allowance	_____	_____	_____
(Does Church have a Parsonage?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Insurance	_____	_____	_____
Car Allowance	_____	_____	_____
Travel Allowance	_____	_____	_____
Other (Be Specific):			

Signature of Pastor

Date