

Note: Send a copy of this form to Angie Carr.

birdsofafaithergroups ESCAPEES BOFs



Financial Statement

BOF Name: _____

Year: _____

Balance as of January 1, _____

Income

Description: _____

Expenses

Description: _____

Balance as of December 31, _____

Number of member subscriptions as of
Jan 1, _____ = _____

Number of member subscriptions as of
Dec. 31, _____ = _____

Signed: _____ Date: _____

National BOF Coordinator

Angie Carr

100 Rainbow Drive

Livingston, TX 77351

888-757-2582

Fax: 936-327-4388

Balance forward

Total: \$ _____.

Income

Amount: \$ _____.

Expenses

(-) Amount: \$ _____.

Balance

Net total: \$ _____.