

PULPIT SUPPLY FORM

— VIRGINIA SYNOD

CONGREGATION INFORMATION

Congregation Name :

Congregation Location:

Number of Services :

☐ One

☐ Two

Date Preached :

Worship Time(s) :

Congregation Contact

First Name :

Last Name :

E-Mail :

Phone :

PERSONAL INFORMATION

First Name :

Last Name :

Mailing Address:

City :

State :

Zip Code :

Phone :

E-Mail :

Total Mileage :

Additional Notes :

The Virginia Synod Compensation Guidelines are located here, vasynod.org/resources/compensation-guidelines/

THANK YOU FOR YOUR INFORMATION