



Southeastern Conference Community Service Ministry

ACS Church Director's Information Form

ACS Dir. Name: _____

Tel#: _____

Email: _____

Local Church: _____ City _____

District (*circle*) 1 2 3 4 5

Current Pastor _____

ACS Food Pantry or ACS Center Operating Hours (*If operating*):

Day: _____ Time: _____

(Mail to Conference office or scan and email to *CommService@secsda.org*)



"Meeting Needs, Sowing Seeds, and Reaping a Harvest for Christ"