

**Indiana Annual Conference of the United Methodist Church  
201) Tithing Form**

Church Name: \_\_\_\_\_

North Central District

Church #: \_\_\_\_\_

For the week/month of: \_\_\_\_\_

A. Income Received (to fund operating budget)

\_\_\_\_\_

B. Tithe (10% of A)

\_\_\_\_\_

C. District Support (1% of A)

\_\_\_\_\_

D. Special Giving Total

\_\_\_\_\_

E. Total Sent

\_\_\_\_\_

Remitter: \_\_\_\_\_

Phone: \_\_\_\_\_

Check#: \_\_\_\_\_

**Special Giving (Conference or General Advance)**

Description:

Amount:

Description:

Amount:

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**Total (carry to line D)**

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**Total (carry to line D)**

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