

**Indiana Annual Conference of the United Methodist Church
2011) Tithing Form**

Church Name: _____

Church #: _____

North Central District

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: _____
