Indiana Annual Conference of the United Methodist Church 2017 Tithing Form

Church Name: Church #: 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:		North Central District For the week/month of:	
		Phone:	Check#:
Special Giving (Conference or C	General Advance)		
Description:	Amount:	Description:	Amount:
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Total (carry to line D)			
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Total (carry to line D)			