

**Indiana Annual Conference of the United Methodist Church
2018 Tithing Form**

Church Name: _____

District: _____

Church #: _____

For the week/month of: _____

A. Income Received (to fund operating budget) _____

B. Tithe (10% of A) _____

C. District Support _____

D. Special Giving Total _____

E. Total Sent _____

Remitter: _____

Phone: _____

Check#: _____

Special Giving (Conference or General Advance)

Description:	Amount:	Description:	Amount:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total (carry to line D)	_____		
