

**Indiana Annual Conference of the United Methodist Church
2021 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 (1-1.5% of A) _____

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)
