

**Indiana Annual Conference of the United Methodist Church
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)
