

**Indiana Annual Conference of the United Methodist Church  
2024 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:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total (carry to line D)</b>	_____		

-----