

2019 TITHE REMITTANCE FORM

Church #:
For Month:

BY THE 7TH OF THE MONTH, MAIL THIS FORM WITH YOUR CHECK PAYABLE TO:

CALIFORNIA-NEVADA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
P.O. BOX 980250, WEST SACRAMENTO, CA 95798-0250

Church: _____ City _____ Date _____

Your name: _____ Official Position: _____

Treasurer's mailing address if not church's: _____

E-mail Address: _____ Phone #: _____

Check here if there is a change in name or address of the Treasurer

TITHE PAYMENT 100 \$ _____

SECOND-MILE GIVING PAYMENT 200 \$ _____

SPECIAL SUNDAYS AND A/C OFFERING:

YOUTH SERVICE FUND..... X450 \$ _____

UMCOR SUNDAY (ONE GREAT HOUR OF SHARING)..... X455 \$ _____

WORLD COMMUNION OFFERING..... X460 \$ _____

UNITED METHODIST STUDENT DAY..... X465 \$ _____

HUMAN RELATIONS DAY..... X470 \$ _____

PEACE WITH JUSTICE..... X472 \$ _____

GOLDEN CROSS SUNDAY..... X475 \$ _____

CHRISTIAN EDUCATION SUNDAY..... X480 \$ _____

NATIVE AMERICAN AWARENESS SUNDAY..... X485 \$ _____

CONFERENCE DISASTER RELIEF FUND..... X550 \$ _____

ANNUAL CONFERENCE OFFERING..... X601 \$ _____

GENERAL ADVANCE SPECIALS:

PROJECT NUMBER _____ COUNTRY _____ 600 \$ _____

PROJECT DESCRIPTION _____

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PROJECT DESCRIPTION _____

OTHER DESIGNATED GIVING:

_____ 700 \$ _____

_____ 700 \$ _____

_____ 700 \$ _____

_____ 700 \$ _____

TOTAL CHECK AMOUNT \$ _____