

Northwest District of Wesleyan Church
Local Church Assessment Remittance Form

Date _____ Church _____
 Treasurer _____
 Address _____ City _____
 State _____ Zip _____
 Month _____ Check # _____

| | | | | |
|---|--|---|-------------------|--|
| 1 | This Month's Tithes & Offerings | | | ALL TITHES & OFFERINGS |
| 2 | Less funds for Global Partners, World Hope | - | | <i>Funds designated & to be sent to GP, WHI, etc</i> |
| 3 | Monthly Assessable Income | = | | |
| 4 | Real Time Assessment Due | x | 2.5 % | <i>(multiply line 3 x .025)</i> |
| 5 | Balance Due from previous month(s) | + | | <i>(carry forward amount due from previous month(s): add line 8)</i> |
| 6 | YTD Assessment Balance Due | = | | <i>(add line 4 + line 5)</i> |
| 7 | Amount Paid | - | | <i>(Total Assessment being Paid Now)</i> |
| 8 | Remainder Due | = | | <i>(add this amount on line 5 on future payment form)</i> |
| 9 | Non Assessment Funds | + | Designated: _____ | |
| | Check Total | | | <i>(add line 7+ line9)</i> |

Signature _____

Send Check along with copy of form to:
Northwest District Wesleyan Church, 2930 Maple Ave, Rapid City, SD 57701

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