

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	_____		<b>ALL TITHES &amp; OFFERINGS</b>
2	Less funds for Global Partners, World Hope	- _____		<i>Funds designated &amp; to be sent to GP, WHI, etc</i>
3	Monthly Assessable Income	= _____		
4	Real Time Assessment Due	x _____ 5.0%		<i>(multiply line 3 x .050)</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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