

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	- _____		Funds designated & to be sent to GP, WHI, etc
3	Monthly Assessable Income	= _____		
4	Real Time Assessment Due	x _____	10.0%	(multiply line 3 x .10)
5	Balance Due from previous month(s)	+ _____		(carry forward amount due from previous month(s): add line 8)
6	YTD Assessment Balance Due	= _____		(add line 4 + line 5)
7	Amount Paid	- _____		(Total Assessment being Paid Now)
8	Remainder Due	= _____		(add this amount on line 5 on future payment form)
9	Non Assessment Funds	+ _____	Designated: _____	
	Check Total	_____		(add line 7+ line9)

Signature _____

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

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