

Kentucky Annual Conference: Our Mission Covenant

District: _____ Pastor: _____ Year: _____

Charge: _____ Treasurer: _____ Month: _____

Church: _____ GCFA#: _____

1. Calculation of your church's portion of Our Mission Covenant:

A: Total income received this month for operations and programs

Include in line 1A all income received including offering, other operating income, Sunday School offerings, building funds, capital campaigns, etc.

B: Less: excluded items

Exclude from line 1B funds spent for debt retirement, funds received for capital improvements, funds spent for capital improvements if not previously listed as funds received for capital improvements, funds received for Advance Specials, United Methodist Special Day Offerings and Fifth Sunday Offering for Methodist Home

C: Total income received this month for operations and programs

D: Multiply line C by 11% (this is your church's share of Our Mission Covenant)

E: Amount of Our Mission Covenant Remitted

2. Other remittances being sent to the Conference Treasurer:

A: United Methodist Special Offerings, Advance Specials and Other Funds being sent to Conference Treasurer (please identify):

B: Total other remittances:

TOTAL ALL REMITTANCES (equals amount of enclosed check):

Send this Form and Check to:

Kentucky Conference Treasurer
PO Box 1529
Crestwood, KY 40014

NOTE:

- Please remit the **white copy** with your check and retain the **yellow copy** for your records.
- Changes in Treasurer's information should be reported to the District Office.