Date _____

MONTHLY TITHE PAYMENT TRANSMITTAL REPORT

Episcopal Diocese of Eastern Michigan **PH: 877-752-6020**
924 N Niagara St **FAX: 989-752-6120**
Saginaw MI 48602

Please Remit Payments to Diocesan Office by the 25th of each month

Current Year Tithes

For the month of _____

Diocesan Commitment $ _____

Actual Payment to the Diocese **$_____**

Prior Year Tithes

For the month(s) of _____

Actual Payment to the Diocese **$_____**

TOTAL REMITTANCE

Total amount included with this form **$_____**
(Add current & prior year amounts)

NOTE: Please identify payment month on the memo line of each check—ie: Jan Tithe

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Please complete the following contact information:

Congregation Name_____

City_____

Treasurer*_____
*Or the name of the person completing this report

Updated: 11/18/09