



Decline Compensation Form

Date _____

Name of Local Church: _____

Pastor's Name: _____

Treasurer's Name: _____

Pastor's Email: _____

Treasurer's Email: _____

Address of Local Church: _____

City: _____ State: _____ Zip Code: _____

Pastor _____ has agreed to not receive

Select One	_____	100% of Tithes
	_____	Percent of Tithes
	\$ _____	Per Month in Tithes

in salary for serving as pastor of the local church at

The local church treasurer is to forward ten percent of tithes to the International Offices, and the designated amount required by the state/regional/national office. Also, since the pastor is not receiving the tithes, ten percent of what the pastor would typically receive should be forwarded to the state/regional/national office.

Pastor's Signature: _____

Treasurer's Signature: _____

Date recorded and submitted to the local church conference: _____

Note: A signed copy of this document should be provided to the pastor and to the Regional Bishop. The original form shall be kept in the church files. Once this document is recorded in proper business conference, the tithes received will be used at the discretion of the local church, finance committee, or board of directors.

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