



# Western North Carolina Conference

The United Methodist Church

### How To Make A Payment - 2 Options Available

1: Auto-Allocation means entering your Total Payments on line 400 and 500. Those amounts will be allocated exactly according to your Charge Conf. Report.

2: Self-Allocation means entering the payment amounts on each line by each fund as you choose. Note: Once you begin to Self-Allocate you must continue for the remainder of the year.

GCFA: \_\_\_\_\_ District: \_\_\_\_\_ Church: \_\_\_\_\_ Date: \_\_\_\_\_

District Funds			Auto	Self	Special Payments		
Combined for All District Funds (401-403)	400	\$ _____			Crossnore Children's Home	130	\$ _____
District Missional Engagement	401	\$ _____			Givens Estate	136	\$ _____
District Benevolence Fund	402	\$ _____			Aldersgate	131	\$ _____
District Congregational Vitality	403	\$ _____			Arbor Acres	133	\$ _____
					UMAR	138	\$ _____
					Building Teams	132	\$ _____
					Conference Disaster Response	135	\$ _____
					Conference Mission Undesignated	137	\$ _____
					Conference Medical Teams	139	\$ _____
					Project Agape	154	\$ _____
					UMCOR Sunday	600	\$ _____
					World Communion	601	\$ _____
					Human Relations	604	\$ _____
					Student Day	608	\$ _____
					Native American Awareness	609	\$ _____
					Peace w/ Justice	610	\$ _____
					Youth Service Fund	620	\$ _____
					World Mission	903	\$ _____
					UMCOR	905	\$ _____
					Other (Specify)		\$ _____

  

Total Conference Funds			Auto	Self
Combined for Conf/Gen/Jur Funds	500	\$ _____		
<u>Annual Conference</u>				
District Operations	501	\$ _____		
Conference Support	502	\$ _____		
Equitable Compensation	503	\$ _____		
Medical Leave Benefit Supplement	504	\$ _____		
Mission and Ministry	505	\$ _____		
<u>General/Jurisdictional Conference</u>				
Africa University Fund	513	\$ _____		
Black College Fund	514	\$ _____		
Episcopal Fund	512	\$ _____		
General Administration Fund	515	\$ _____		
Interdenominational Coop Fund	516	\$ _____		
Jurisdictional Administration Fund	517	\$ _____		
Ministerial Education Fund	519	\$ _____		
World Service Fund	520	\$ _____		



Day Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Pastors Name: \_\_\_\_\_

(Required) Check Total: \$ \_\_\_\_\_

Make check to: Conference Treasurer  
 PO Box 2757  
 Huntersville, NC 28070-2757

Questions? Email Gloria at [ghernandez@wnccumc.org](mailto:ghernandez@wnccumc.org)