



**FIRST BAPTIST CHURCH
OF SHALLOTTE**

LOVE GOD. LOVE ONE ANOTHER. LOVE THE WORLD.

Mission Trip Donation Form

Contributions are Non-Refundable

Please complete *only* if you wish to receive a tax deduction for your donation.

Each individual that is going on a mission trip is responsible for raising a percentage of the total cost of the team's trip. According to IRS Publication 526 on Charitable Contributions, a contribution designated for a specific person is considered a gift and should NOT be listed on a donor's contribution statement. **However**, by completing and returning this form in its entirety with your donation, you are indicating that your donation is for the benefit of the team and not a specific person which will then allow this donation to be considered a tax- deductible contribution on your contribution statement.

If we do not receive this form with your donation, we will understand that you wish to make your donation a gift, and you will not receive a contribution statement for tax purposes. If this is the case, we ask that you please write the individual's name as well as the trip name in the *memo* section of your check.

If you wish to receive a tax deductible contribution statement for your donation, please initial BOTH statements, fill in the portion below and do not write individual's name on the check or the online transaction. If you don't wish to receive a contribution statement for tax purposes, you don't need to complete this form.

_____ I understand that I may indicate a specific person that I would prefer to receive the benefit of my contribution **but** grant First Baptist Church of Shallotte complete discretion and control over the use of my donated funds to best benefit the Missions Teams or Outreach Ministry.

_____ I understand that my contribution is non-refundable.

The person I would prefer to support is: _____

He/She plans to go on a Missions trip to: _____

The amount of my donation is \$ _____ . Check # _____ Gave Online ☐

Signature: _____ Date: _____

Your Information:

Name (please print legibly): _____

Mailing Address: _____

City, State & Zip: _____

Email: _____