

Individual Trip Payment Form

Team Member: _____

Trip Code # _____

Donor Name: _____

Date: _____

Donor's Email Address: _____

Check #: _____

Please make checks payable to: **Fischer Family Ministries Inc.**

Send your check and this form to:

Fischer Family Ministries

P.O. Box 3817

Broken Arrow, OK 74013

Place Check Here

Wrap paper around check for security

For 3rd party donors, if you would like your contribution to remain anonymous check here

To comply with IRS regulations, donations must be given to FFM with the understanding that FFM has complete control over any donation received. To ensure tax-deductibility, IRS compliance requires that the memo line on the check be left blank. Write the name of the team member in the "Individual Trip Payment Form" and the full amount of the check will be applied to their account.

Please make a copy of your check to use for tax deduction purposes.