

CBM SHORT-TERM MISSION DONATION FORM



PARTICIPANT INFORMATION (Please print clearly) Project Number: _____ Country: _____

First Name _____ Last Name _____
 Address _____ City _____ Prov _____ Postal Code _____
 Email _____ Phone _____ Church _____

DONATION INFORMATION (Make cheques payable to Canadian Baptist Ministries) **Donation Amount** **Tax Receipt** **Disclose Donation****

First Name _____ Last Name _____ <input type="checkbox"/> Opt out* Address _____ City _____ Prov _____ Postal Code _____ Credit Card # _____ Expiration _____ Cardholder Name _____ Signature _____ Email _____ Phone # _____ x _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name _____ Last Name _____ <input type="checkbox"/> Opt out* Address _____ City _____ Prov _____ Postal Code _____ Credit Card # _____ Expiration _____ Cardholder Name _____ Signature _____ Email _____ Phone # _____ x _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name _____ Last Name _____ <input type="checkbox"/> Opt out* Address _____ City _____ Prov _____ Postal Code _____ Credit Card # _____ Expiration _____ Cardholder Name _____ Signature _____ Email _____ Phone # _____ x _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name _____ Last Name _____ <input type="checkbox"/> Opt out* Address _____ City _____ Prov _____ Postal Code _____ Credit Card # _____ Expiration _____ Cardholder Name _____ Signature _____ Email _____ Phone # _____ x _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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First Name _____ Last Name _____ <input type="checkbox"/> Opt out* Address _____ City _____ Prov _____ Postal Code _____ Credit Card # _____ Expiration _____ Cardholder Name _____ Signature _____ Email _____ Phone # _____ x _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

USE THIS SHEET TO KEEP TRACK OF DONORS WHO CHOOSE TO GIVE YOU THEIR DONATION PERSONALLY RATHER THAN SENDING IT IN TO YOUR CHURCH.
 1. Record each donor's name, address, phone number and donation amount.
 2. Send a photocopy of this form, along with all cheques (made payable to CBM) to: CBM - STM Department, 7185 Millcreek Drive, Mississauga, ON L5N 5R4.
 If you receive cash donations, provide a cheque in the equivalent amount. Do not send cash in the mail. Send form and funds to CBM at least 90 days prior to departure date.

TAX RECEIPT INFORMATION
 Receipts will be issued for donations of \$10 or more. Donations received prior to December 31 will be issued a tax receipt at the beginning of the following year.

***OPTING OUT**
 CBM posts online the Periodically CBM communicates updates on its work through various communication pieces via mail and email. By opting out, I withdraw my consent for Canadian Baptist Ministries to add my contact information to their mailing list for any purpose other than processing my donation.

**** Consent for CBM to disclose your name and amount of your donation to the individual/team you have designated your gift to for publication on their personal online fundraising page.**