Family Health Ministries Mission Travel Fundraising Log

Traveler Info

Date: _____ **Name:** _____ **Phone:** _____

Address: _____

Email: _____

FHM trip you will participate in: (example Medical June 2016) _____

Please help us to accurately track any donations you receive from others to fund your upcoming trip to Haiti. Fill out the form below, noting contributions you receive them. Please hold all checks and submit them with this form. You may submit as many forms as you like. If someone would like to pay using a credit card, ask them to call the Family Health Ministries office at ***919.382.5500 and speak to Kelly Dawson or Heather Robinson****. Meanwhile, note on your trip log the contribution made by that person on your behalf so that we can ensure funds are credited to your account.*
If you have alternative names (maiden or nicknames), please make sure that anyone who calls uses the name we have on your trip application.
Family Health Ministries is a 501c3 nonprofit corporation registered in North Carolina. All donations are tax deductible. Tax ID #56-2206165

Donor Name	Amount Donated	Donor Address	Phone	Check # or CC Paid Date