

**Gifts**  
**Preference for the Ministry of**  
**ZPC Missions and/or Programs**

Please mail this form with your check to:

Zionsville Presbyterian Church  
Attn: Finance Office  
4775 W 116<sup>th</sup> Street  
Zionsville, IN 46077

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Donor Name(s) \_\_\_\_\_

I / We want to support the ZPC mission/program \_\_\_\_\_

We are sending our gift of \$ \_\_\_\_\_

I/We agree to the following conditions:

- Donor shall be entitled to recommend to Zionsville Presbyterian Church what mission fund /program these proceeds are in preference for. Donor understands that any recommendation shall be advisory only, will not be binding upon Zionsville Presbyterian Church, and will not be the sole criteria used by Zionsville Presbyterian Church in determining amounts to be funded for this mission fund / program.
- We understand that gifts to the church, with an expression of preference for the above mission fund / program are tax deductible to the extent allowed by law.
- We understand that there will not be any refunds.
- We understand that the use of the gift is subject to the sole discretion and control of Zionsville Presbyterian Church.

Donor Signature \_\_\_\_\_

Donor Signature \_\_\_\_\_