

# Donation Form



## Donor Information:

First Name	
Last Name	
Company Name	
Street	
City/Zip	
Phone	
Mobile	
eMail	<input type="checkbox"/> Yes, please keep me informed about news and programs from Camp!

***Mission: We are committed to providing an outdoor experience that offers optimal development of at-risk youth and our communities' through recreational, educational and leadership opportunities.***

We invite you to join our Monthly Giving Program which helps build sustainability. Your contribution provides reliable, ongoing funding for our programs, camp improvements & maintenance and outreach to engage more youth and adults in outdoor education! This funding option requires a minimum donation of \$10 per month.

\$100   
  \$75   
  \$50   
  \$25   
  \$10   
  Other \$ \_\_\_\_

## My donation is as selected below unless I notify Kiwanis Camp Wa-Ri-Ki to stop:

Monthly   
  Quarterly   
  Annual

- Cash enclosed
- Check enclosed (payable to **Kiwanis Camp Wa-Ri-Ki**)
- Credit Card Charge

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing address (if different from above): \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

- Please contact me about renting Kiwanis Camp Wa-Ri-Ki
- I would like to become a volunteer



**Your donation may be tax deductible. Please consult a tax professional for advice. EIN# 23-7293852**