



Camp Courageous Donation Form

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Enclosed is my tax-deductible gift of \$ _____

I would like my donation applied toward:

In memory of: In Honor of: To Celebrate:

Payment Options:

Check (made payable to Camp Courageous)

Visa

Mastercard

Discover

Enter Credit Card Number: _____

Send an acknowledgement about your gift to: (a card or letter will be sent if you provide an address below).

1. _____

2. _____

3. _____

By selecting YES below, I would like to save Camp Courageous postage and have my thank you, as well as future camp correspondence, sent to me by e-mail. I have provided by e-mail address above. I understand that camp never has, and never will, provide any of my information to third parties.

Yes