



ELEVATE THE IMPACT

YES! I/WE WOULD LIKE TO MAKE A GIFT TO THE GYM CAMPAIGN TO ELEVATE CAMP'S MINISTRIES!

NAME(S) _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE CELL (____) _____ SPOUSE CELL (____) _____ HOME (____) _____

CHURCH _____ CITY _____ FIRST TIME DONOR

CAMP CONNECTION

Women's Quilt Family/Parent-Child Seniors Men's Parent Grandparent Rental

Previous Donor Board Staff Volunteer Other: _____

TOTAL DONATION: \$ _____ ONE-TIME GIFT PLEDGE (complete info below)

PLEDGE INFORMATION

INITIAL GIFT \$ _____ on _____ (approximate date)

LENGTH OF PLEDGE 2 YRS 3 YRS 4 YRS _____ START DATE _____

INSTALLMENT AMOUNT \$ _____ INTERVAL (select one) WEEKLY MONTHLY ANNUALLY OTHER _____

PAYMENT: CHECK

AUTO WITHDRAWAL Bank _____

Routing # _____ Acct # _____

CREDIT CARD Visa MC DISC Name on Account _____

Billing Address (if different from above) _____

Number _____ - _____ - _____ - _____ Expiration Date _____ Security Code _____

OTHER TYPE OF DONATION:

Independent Retirement Account (IRA) Stocks or Bonds

Gifts of grain or livestock Appreciated Assets (list type of asset) _____

Life Insurance Real Estate

LEGACY GIFT: I/We have included Camp Lebanon in our estate plan/will.

Please send me information on how to include Camp Lebanon in my estate planning.

COMMENTS / NOTES: _____

OFFICE USE ONLY

DATE RCVD _____ GIFT INCLUDED \$ _____ RCVD BY _____ TYC _____