



Help Support Camp Cummins

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Donation Authorization

Enclosed is my one-time gift of \$ _____

I'd like to make a monthly gift \$10 per month \$25 per month or

custom amount \$ _____ per month

I would like my donation applied toward:

Scholarship fund _____

Special activities _____

Supplies _____

General operations _____

Please make checks, corporate matches, and other donations payable to:

Camp Cummins Activity Center

Credit Card _____ Please charge my credit card for the amount specified above.

Name on card _____

Card Number _____

Expiration Date _____ CVV _____ Billing Zip Code _____

Signature _____

Please keep my donation confidential.

Please subscribe me to updates and news from CCAC.

