



DON'T HESITATE - DONATE!

I/we want to send a kid to camp. Please accept my/our pledge of \$_____, to be paid at

\$_____ monthly, or \$_____ quarterly (January, April, July, October)

I/we wish to make a one-time donation of \$_____

Donor Categories:

Director	\$2,000 or more	Fire Tender	\$250 - 499
Counselor	\$1,000 - 1,999	Cabin Leader	\$100 - 249
Trail Blazer	\$ 500 - 999	Senior Camper	up to \$99

(Optional) Please note my gift is

in Honor of _____ in Memory of _____

Please notify _____

Address _____ City/State/Zip _____

My/our name/s _____

Address _____ City/State/Zip _____

Telephone _____ E-mail _____

Total gift \$_____ Check enclosed: _____ Credit Card: Visa _____ MC _____ Am Ex _____

Card # _____ - _____ - _____ - _____ Exp. Date _____

_____ Signature _____

Please make checks payable to Washtenaw Camp Placement (WCP)

Mail check and this form to 3135 S. State Street, Suite 350-D, Ann Arbor, MI 48108

If you prefer to donate on-line, please visit WashtenawCampPlacement.org

WCP is a 501(c)(3) organization; contributions are tax deductible as provided by law.

_____ A matching gift is available from my employer (please enclose matching gift form).

_____ Please send me information on volunteer opportunities.

Questions? E-mail CampPlacement@sbcglobal.net or call 734.971.4537