

HONOR YOUR FAVORITE COUNSELOR OR CAMPER

TOTAL GIFT AMOUNT \$ _____ DATE: _____

I would like to fulfill my gift as follows:

(Please check appropriate areas)

Check Attached (Full Amount-payable to YMCA Camp Harrison)

Charge My Credit Card (Full Amount)

Mastercard Visa American Express Discover

Card Number: _____

Security Code: _____ Exp Date: _____

Signature: _____

Name on Card: _____

Address: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Does your company match charitable donations? If so, please provide company name:

The counselor(s) or camper(s) being honored:

1. _____

2. _____

3. _____

4. _____

Please send an acknowledgment of my gift to the above counselor(s) or camper(s)

Mail this form back to: YMCA Camp Harrison

Attn: Send a Kid to Camp

7901 NC HWY 18 | Boomer, NC 28606

FOR FINANCIAL DEVELOPMENT USE ONLY: Constituent ID: _____

Harrison: 14C017 Community Gifts: 08-04-17

Package: Resident Camp Staff "In honor of"