



# Camp Summit, Inc. DONATION FORM

Date: \_\_\_\_\_

## Donor Information

Name: \_\_\_\_\_ please add me to your mailing list \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Designate my gift to the following:

\_\_\_\_\_ General \_\_\_\_\_ Campership \_\_\_\_\_ Other \_\_\_\_\_

Monthly pledges designated to any fund are always welcome.

## Gift Information

Enclosed is my: One Time Gift of \$ \_\_\_\_\_ OR Pledge (Monthly) (Quarterly) (Bi-Annual) gift of \$ \_\_\_\_\_  
Circle One

(Please make checks payable to Camp Summit, Inc.)

Please charge my \_\_\_\_\_ Discover \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa for the following amount \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVS Code: \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

## Matching Gift

My company will match my gift with \$ \_\_\_\_\_. Enclosed is my company's matching gift application.

## Memorial or Honorary Gift

In memory of \_\_\_\_\_ (or) In honor of \_\_\_\_\_

Send gift notification card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Please return this form to: Camp Summit, Inc.  
17210 Campbell Rd. Suite 180-W, Dallas, Texas 75252  
972-484-8900

Contributions to Camp Summit Inc., a tax-exempt organization under Section 501 (c) (3) of the Internal Revenue Code, are deductible for computing income and estate taxes