DONOR INFORMATION *(Update below as necessary)*

Name: _____

Address: _____

City, State, ZIP: _____

Home Phone: _____ Cell Phone (1): _____

Cell Phone (2): _____ Email (1): _____

Email (2): _____

Rooted IN FAITH – BUILDING FOR THE FUTURE

A Campaign for Camp Concordia

SUGGESTED GIFT PLANS

3-year Pledge	*Annual*	*Quarterly*	*Monthly*
☐ $9,000	$3,000	$750	$250
☐ $4,500	$1,500	$375	$125
☐ $3,600	$1,200	$300	$100
☐ $1,800	$600	$150	$50
☐ $900	$300	$75	$25

I/We would like to make a pledge/gift to the Camp Concordia campaign as follows:

Pledge/Gift Amount: $ _____

Payment Enclosed: $ _____

(Please consider giving 10-20% initially)

Balance: $ _____

I/We will make my/our pledge payments:

☐ Annually ☐ Monthly

☐ Other _____

Date of first payment *(month/year)*: _____

METHOD OF PAYMENT

☐ Cash/check *(make checks payable to Camp Concordia)*

☐ Credit/Debit Card*

☐ Automatic Withdrawal/Electronic Fund Transfer (ACH)*

☐ Stock**

☐ Life Insurance**

☐ Other**: _____

**All credit card/debit card and electronic payments are processed through the secure PayPal Giving Fund Platform which can be accessed through the link at campconcordia.org/donate.*

***The Camp will contact you for additional information.*

PLEASE CHECK ALL BOXES THAT APPLY

☐ Please print your name as you would like it to appear in any campaign recognition materials:

_____

☐ I/We would like to remain anonymous.

☐ My gift will be matched by my company:

Company: _____

SIGNATURE _____

DATE _____