



# Jack Pearse Memorial Campership Fund

*We can make a difference, you and I. We can make a difference, if we try.*

## Jack Pearse Memorial Campership Fund

The Jack Pearse Memorial Campership Fund has been set up by our Alumni Committee to accept donations and allow campers to attend Camp. Camperships are provided to children who would gain from a summer camp experience but whose families do not have the resources available to provide it themselves. The Tawingo Alumni Circle commits to following and supporting a child through his or her entire career at Camp, thereby ensuring the best possible benefit for the child as he or she grows and develops. Donations are always needed and always welcome.

**DONOR NAME:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CAMPER YEAR(S):** (if applicable) \_\_\_\_\_ **STAFF YEAR(S):** (if applicable) \_\_\_\_\_

IF YOU HAVE DONATED TO THE CAMBERSHIP FUND BEFORE, WE CAN FIND YOU IN OUR FILES.

PLEASE PROVIDE ANY NEW OR CHANGES OF INFORMATION:

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROVINCE/STATE:** \_\_\_\_\_ **POSTAL CODE/ZIP CODE:** \_\_\_\_\_

**PHONE CONTACT:** ( DAY  EVENING  MOBILE) \_\_\_\_\_

<input type="checkbox"/> I WOULD LIKE TO MAKE A ONE-TIME DONATION AT THIS TIME	<input type="checkbox"/> I WOULD LIKE TO MAKE REGULAR DONATIONS OVER TIME
<input type="checkbox"/> A Tawingo Day (\$100)	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
<input type="checkbox"/> A Tawingo Week (\$700)	Duration: <input type="checkbox"/> 5 times <input type="checkbox"/> 10 times <input type="checkbox"/> 20 times <input type="checkbox"/> Until this calendar date: _____
<input type="checkbox"/> A Tawingo Session (\$2100)	Amount: Size of each Donation ( \$                    )
<input type="checkbox"/> Another Amount ( \$                    )	Repeat and ongoing donations will be applied against the billing information provided until further notice.

**Please return this form with Full Payment:**

Amount \$.....

Visa Card       MasterCard       Cheque/Money Order payable to **CAMP TAWINGO - CAMBERSHIP FUND**

Number .....

Expiry Date..... CVV ..... Name on Card .....

*Please return this form with full payment to the address noted at the bottom of this page*

Office Use:

Amt: \_\_\_\_\_

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

Rcpt #: \_\_\_\_\_

Ack: \_\_\_\_\_

Camp Tawingo is **not** a registered charity but our campership program is aligned with a broader agency that does have a charitable number. For more information about AMICI, please check the alumni portion of the Tawingo website. To request that your donation be channelled through AMICI for a charitable tax receipt, please check this box  or contact Camp at the address below.

Camp Tawingo - 1844 Ravenscliffe Road, Huntsville ON P1H 2N2 Phone: 705 789 5612 Fax: 705 789 6624 E-mail: [alumni@tawingo.net](mailto:alumni@tawingo.net) Website: [tawingo.net](http://tawingo.net)