



TAWINGO ALUMNI CIRCLE SUMMER CAMBERSHIP FUND

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

Donor Information

Name: _____

Tawingo Camper (Years: _____) VA/WJ (Year: _____) TLC (Year: _____)

Staff (Years/Positions: _____)

Other Affiliation to Tawingo: _____

Contact Information

Mailing Address: _____

City: _____ Postal Code: _____

Province: _____ Country: _____

Telephone: _____

E-Mail Contact: _____

Nature of Donation

What can you do to help a child experience a summer at Camp that can last a lifetime? What does Camp mean to you? What could it mean to them? We welcome any effort, any contribution, any size of donation. We can make a difference, you and I.

\$500 \$200 \$100 \$50 \$25 \$10 Another Amount or Way _____

Both AMICI and Kids in Camp are charities that work with many organizations in a cooperative way to raise money and bring campers to various summer camps in the Ontario Camps Association. They provide a charitable receipt to donors and then spread the funds out to the camps that are supporting campers in need. Most of the donations to AMICI or to Kids in Camp by Tawingo donors support the experience and opportunities back here at Tawingo but it is not a direct correlation. If directed to do so, we will forward your donation on to one of these organizations (AMICI or Kids in Camp) and then arrange for a tax receipt to be returned to you. You must indicate on your cheque (or in the Donation Information below) whether you are donating directly to the Campership Fund or you wish us to forward your donation through one of these two charities. Thank you.

Donation Information

PLEASE RETURN THIS FORM (BY MAIL OR FAX) WITH YOUR DONATION
1844 RAVENSLIFFE ROAD, HUNTSVILLE, ON P1H 2N2 **FAX: 705 789 6624**

- Visa MasterCard Enclosed cheque or money order payable to CAMP TAWINGO CAMBERSHIP FUND.
 Please accept the money directly into the Campership Fund (no tax receipt) ...OR
 Please forward the money through a charity and arrange for a tax receipt to be sent to me

Number.....

Expiry Date..... Name on Card

Amount of Payment \$..... Signature

For Office Use Amt: _____ Date: _____ Receipt Number: _____ Ack: _____