Donation Form

|  |  |
| --- | --- |
| Unity Art | Camp WeGoLearning through Travel |

### Donor Information (please print or type)

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City, ST Zip Code |  |
| Phone 1 | Phone 2 |  |
| Fax | Email |  |

Enclosed is my contribution of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be paid: now(one time) monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

|  |  |
| --- | --- |
| Credit card type | Exp. date |  |
| Credit card number |  |
| Billing Zip Code \_\_\_\_\_\_\_\_\_\_\_Authorized signature |  |

Gift will be matched by (company/family/foundation)

form enclosedform will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature(s) |  | Date |
|  |  |  |
| Please make checks, corporate matches,  or other gifts payable to: |  | Camp WeGoPO Box 387Holder, FL 34445 |