

Bryant Pond 4-H Camp & Learning Center Contribution Form

Donor Information (Please print or type)

Name	
Billing address	
City	
State	
Zip Code	
Telephone (Home)	
Telephone (Business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ to be paid:
 _____ Now _____ Monthly _____ Quarterly _____ Yearly.

Credit Card Type	
Credit Card Number	
Expiration Date	
Authorized Signature	

Gift will be matched by _____ (Company /family /foundation).
 _____ Form enclosed _____ form will be forwarded

Acknowledgement Information

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

Signature(s): _____

Date: _____

Please use my gift in support of:

_____ **Bolger Foundation Challenge Gift**

_____ Camp Operating Fund

_____ Programs Fund (Funds used to purchase new program equipment)

_____ Maintenance Fund (Fund used at camps discretion to make renovations as needed)

_____ Scholarship assistance for campers

_____ Other, Specify