



# Camp Twin Lakes Contribution Form

Please mail this form and your gift to:

**Camp Twin Lakes**  
**P.O. Box 933507**  
**Atlanta, GA 31193-3507**

- \$5000 I would like to sponsor a cabin of campers for one week of camp
- \$2500 I would like to sponsor a cabin of campers for one weekend of camp
- \$550 I would like to sponsor a camper for one week of camp
- \$275 I would like to sponsor a camper for half a week of camp
- \$100 I would like to sponsor a camper for a day of camp
- \$50 I would like to help a child attend camp
- Other \$\_\_\_\_\_

### Payment Method:

- Enclosed is my check payable to Camp Twin Lakes
  - Please charge my credit card account using the information provided below
- Check card type: \_\_ Visa \_\_ MC \_\_ Am Ex  
Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp date (mm/yy) \_\_\_\_\_/\_\_\_\_\_

### My Information:

Title: (Mr., Mrs., Dr., etc.) \_\_\_\_\_  
Your Name (Donor): \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

### Tribute Gifts

I wish to make my gift  in honor of  in memory of:

Name \_\_\_\_\_ Occasion \_\_\_\_\_

### Please send a notification card to:

Title: (Mr., Mrs., Dr., etc.) \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Please sign the card from: \_\_\_\_\_

- I have included Camp Twin Lakes in my estate plans.
- I would consider doing so, please send me information.

**Thank you!**