

Camp Magical Moments Donor Information

Yes!! I want to support the kids attending Camp Magical Moments in the following manner:

- | | | |
|-------|---------|--|
| _____ | \$50 | An exciting camp activity for 1 child |
| _____ | \$100 | An exciting day of camp for 1 child |
| _____ | \$175 | One exciting day of camp for 2 children |
| _____ | \$600 | Support 1 camper for the entire week |
| _____ | \$1000 | Six fun-filled days of camp for 2 children |
| _____ | \$_____ | Other: _____ |

Name: _____
Company: _____
Address: _____ City & State: _____
Zip: _____ Phone Number: _____
E-Mail: _____

Does your corporation have a matching funds policy for donations? _
____ Yes _____ No

Corporation Name and Address:

Please return form and donation to:

Camp Magical Moments
P.O. Box 12
Swan Valley, ID 83449
208-483-4345

Please make all check out to **CAMP MAGICAL MOMENTS**

Camp Magical Moments, Cancer Camp for Kids, Inc. is a 501 (c) (3) corporation
and all donations are tax-deductible.