

## **GIFT PLEDGE AND STATEMENT**

1Nan	ne(s)	Company/Organization Name (if applicable)			
1Address City		y	State	Zip	_
†Ema	ail address (For campaign updates. Your email addre	ss will not be shared outside (	Camp Gray) Phor	ne	_
GIF	T INFORMATION				
I/W	e pledge to contribute a total of \$	to the	Strength for the Jour	ney Campaign	
	Single payment  Multiple payments – I will pay the  Monthly □ Quarterly □ Semi-	-		ment beginning	Month Yea
			Inst	allment amount:	:
PAY	MENT INFORMATION  My check is enclosed payable to: Can  Charge my credit card (circle one): Vi  Card#:	sa / MasterCard / Dis		n Date:/_	
	3-digit CSC on back of card: Electronic Funds Transfer (See Revers My Employer matches my gift	se)		Month	Year
	Employer Contact Information:	Company Name	Company Representati	ve Phon	e
	DGE AUTHORIZATION (required) nature:		Date:		
GIF	T RECOGNITION OPTIONS  Please publicly recognize this gift from	m:			
	As you wish your name(s) to appear (limit 50 characters including spaces  I am interested in the following Named Gift:  Refer to list of Named Gifts; subject to availability.				oaces)
	This gift is in honor of: This gift is in memory of:				
	Please do not recognize this gift publ	icly. I wish for the gift	to be ANONYMOUS.		



Please mail this form, with payment if applicable, to:

## Camp Gray E10213 Shady Lane Rd Reedsburg, WI 53959

**For additional information, or to initiate gifts of stock, please contact:** Camp Gray Executive Director Jeff Hoeben at 608-356-8200.

Camp Gray is a 501(c)(3) non-profit organization - Tax ID 39-1096409. Gifts to Camp Gray are tax deductible as allowed by law.

## Thank you for supporting the Strength for the Journey Campaign!

## **ELECTRONIC FUNDS TRANSFER** (Attach voided check or savings deposit slip) Financial Institution Name Phone Address Citv State Zip ☐ Checking ☐ Savings Account Number Account Type I hereby authorize the transfer in the amount of \$\_\_\_\_\_ from my account listed above to Camp Gray on the \_\_\_\_\_ day of each month. This authority is to remain in full force and effect for the period indicated on the reverse or until written notice from me has been received by Camp Gray in such a manner as to afford reasonable time to act on it. Payments are to begin on \_\_\_\_\_ **ELECTRONIC FUNDS TRANSFER AUTHORIZATION** Date: \_\_\_ Signature: