



GIFT INFORMATION

PAYMENT INFORMATION

- ### PLEDGE AUTHORIZATION *(required)*

GIFT RECOGNITION OPTIONS

- ☐ Please publicly recognize this gift from: _____
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.
- ☐ This gift is in honor of: _____
- ☐ This gift is in memory of: _____
- ☐ Please do not recognize this gift publicly. 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 Hoebe 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	City	State	Zip
Account Number			<input type="checkbox"/> Checking <input type="checkbox"/> Savings 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 _____ of _____
Month and Day Year

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Signature: _____ Date: _____