



Camp Ondessonk Gift Form

Thank you for your interest in supporting Camp Ondessonk!
Please print and complete the form below.
All gifts are tax-deductible to the fullest extent of the law.

Personal Information

1. Enter your name:

Prefix _____
First Name _____
Middle Initial _____
Last Name _____
Maiden or Former Name _____

2. Enter your relationships with Camp

- Former Camper - Years _____
- Former Staff - Years _____
- Parent of Camper
- Parent of Staff
- Current Camper
- Current Staff
- Board Member
- Other

3. Enter your address

Home address _____
Address 2 _____
City _____
State _____
ZIP _____

4. Enter your e-mail address *for gift confirmation*

5. Enter your phone number(s)

Home Phone _____
Cell Phone _____

Spouse Information

6. Enter Spouse information

Spouse First Name _____
Spouse Maiden or Former Name _____
Is your spouse and Alumnus/a Yes No
If yes, please specify relationship to Camp _____ Year(s) at Camp _____

Employer Information

Many companies offer matching gift programs and grants to non-profits. Your employer information can help Camp as we pursue these additional sources of funding.

7. Enter your employer information

Employer _____
Job Title _____
Address _____
City _____
State _____
ZIP _____
Phone _____

***Does your (or your spouse's) company
have a matching gift program?***

8. Enter matching gift information

My/my spouse's company _____

Please mail all matching gift forms to:

Camp Ondessonk
Matching Gift Program
3760 Ondessonk Rd.
Ozark, IL 62972

Gift Information

9. I wish to support Camp in the amount of

- \$5,000 \$2,500 \$1000
- \$500 \$250 \$125
- Other: _____

10. I wish that my gift be used for

- Unrestricted Donation
- Scholarship Fund
- Restricted Donation: _____
- Other: _____

Gift Information

11. I wish my gift to be anonymous
- List how your name should be printed in the Annual Stewardship Report

12. This is a tribute gift

- In Memory of _____
- In Honor of _____

Please send acknowledgment of this gift to:
(the amount of the gift will not be included)

Name _____
Address _____
City _____
State _____
ZIP _____

Payment Information

13. Choose your payment method

Credit Card

Type of card: MC VISA
 AMEX DISC

Card Number _____

Verification Number** _____

Expiration Date _____

Name as it appears on Card _____

Billing Address _____

City, State, ZIP _____



*** For your protection, we require the use of credit card identification numbers and billing addresses for all transactions. These 3 or 4 digit codes can be found on the back (usually in the signature blocks) of VISA, MasterCard, and Discover credit cards and on the front of American Express cards. They are known by various names, including CID, CVV2 and CVC2. Your card number information will be deleted from our system after the transaction is completed.

GIVE BY MAIL:

I will mail my check or credit card information to

Print and complete this form and mail to:
Camp Ondessonk
3760 Ondessonk Rd.
Ozark, IL 62972

GIVE BY FAX:

I will fax my check or credit card information to

Print and complete this form and fax to:
Camp Ondessonk
618.695.3593

GIVE BY PHONE:

I would like to speak with someone at Camp!

Print and complete this form and call:
Camp Ondessonk
618.695.2489

- Please send me information about how to include Camp Ondessonk in my estate plans.

- I have already remembered Camp Ondessonk in my will or trust.

- Please contact me about volunteering at Camp.

- I would like to make a non-cash gift of stock, property or real estate. Please contact me at the number listed above.

- I would like to receive e-mail updates and information from Camp.

- Please remove me from your mailing lists and e-mail lists.

Please call with questions at 618.695.2489 or email jamie.fields@ondessonk.com

Thank you for your gift to Camp Ondessonk!