

## GIFT FORM



### Thank you for your interest in supporting Camp Ondessonk!

Complete this form and mail with your gift to: Camp Ondessonk, 3760 Ondessonk Road, Ozark, IL 62972  
or - Give by phone by calling 618-695-2489  
or - FAX this completed form to 618-695-3593  
or - Give online at [www.ondessonk.com/giving](http://www.ondessonk.com/giving)

#### PERSONAL INFORMATION

**NAME:**

Prefix \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ Maiden/Former Name \_\_\_\_\_

Relationship to Camp:  Camper - Years \_\_\_\_\_  Staff - Years \_\_\_\_\_  Volunteer - Years \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**SPOUSE NAME:**

Prefix \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ Maiden/Former Name \_\_\_\_\_

Relationship to Camp:  Camper - Years \_\_\_\_\_  Staff - Years \_\_\_\_\_  Volunteer - Years \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**ADDRESS:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

#### GIFT INFORMATION

I/We wish to support Camp with a gift of \$ \_\_\_\_\_

Please designate my/our gift to:

Annual Unrestricted (where needed most)

Annual Restricted

Administration

Equestrian

Maintenance

Programs

Summer Scholarships

This gift is

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Send acknowledgment of this gift to:

\_\_\_\_\_

List my/our name(s) in the annual Stewardship Report as

\_\_\_\_\_

**Fulfillment Options**

Enclosed is a check made payable to Camp Ondessonk.

Charge my credit card as specified

Single gift of \$ \_\_\_\_\_

Recurring monthly gift of \$ \_\_\_\_\_

MasterCard  VISA  Discover  AmEx

Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ V-Code \_\_\_\_\_

Signature \_\_\_\_\_

**Matching Gifts**

Your company's matching gift can double or triple your gift!  
Please check with your/your spouse's personnel office to find out if your employer(s) will match your gift and to obtain the necessary form to forward to our office.

Form enclosed

Form will follow

**Thank you for your support of Camp Ondessonk!**