



YES, I WANT TO SUPPORT CAMP ONDESSONK FOREVER!

First Name	Last Name	

Address		

City	ST	ZIP

Phone () Home () Cell	Email	

I want to:

Become an Ondessonk Founder with my gift of:

- \$5,000 St. Issac Jogues Patron (\$416.67/mo.)
- \$2,500 St. Kateri Tekakwitha Patron (\$208.34/mo.)
- \$1,000 Campfire Patron (\$83.34/mo.)

Support the campers of Camp Ondessonk with a gift of:

- \$750 Flame Patron (\$62.50/mo.)
- \$500 Flame Patron (\$41.67/mo.)
- \$250 Spark Patron (\$20.84/mo.)
- \$125 Spark Patron (\$10.42/mo.)
- \$100 Patron (\$8.34/mo.)
- \$50 Patron (\$4.17/mo.)
- \$ _____ as a monthly donation
- \$ _____ as a single donation

Wish to enroll in the Monthly Giving Program *(see reverse side)*

Receive information about how to become an Ondessonk Builder, or to volunteer for Camp

Receive information about including Camp Ondessonk in my estate planning

Matching Gifts

Many companies will match their employee's contribution. Please contact your employer to see if your company will match your gifts to Camp Ondessonk, and please include any forms.

My Employer _____

Please complete the reverse side of this card with your payment information and to sign up for the Monthly Giving Program

Payment Information

My check for \$_____ is enclosed payable to "Camp Ondessonk"

Please charge \$_____ to my: *(circle one)*

VISA

MasterCard

Discover

Card Number

Exp. Date

CVV Code

Signature *(required)*

Monthly Giving Program Enrollment Info

By signing this card, I hereby authorize Camp Ondessonk to credit my account as indicated below, and the Financial Institution named on my check/deposit slip to credit same to such an account.

I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law. If at any time a transaction is refused or denied for insufficient funds, Camp Ondessonk will charge my account a \$35 insufficient funds fee.

***All automatic transfers will occur on the
19th of every month!***

For ACH withdrawals (checking or savings), please include a check for your first payment, a voided check, or a voided savings deposit slip. For new plans, we must received this signed card with the required materials by the 9th of the month you wish to begin.

I authorize Camp Ondessonk to make the following AUTOMATIC MONTHLY TRANSFER of \$_____ from my: (please check one)

- Checking Account** *(Please enclose a check for your first payment or a voided check)*
- Savings Account** *(Please enclose a voided savings deposit slip with account/routing numbers)*
- Credit Card/Debit Account** *(Please fill out credit card info above)*

This authorization will remain in effect until I notify Camp Ondessonk in writing that I wish to change or stop my contributions.

Signature *(required)*

Please mail or fax this form and other documents to:
Camp Ondessonk Monthly Giving Program
3760 Ondessonk Rd. Ozark, IL 62972
618-695-3593

For your privacy and security, PCI-compliance rules forbid us to receive your information via email. Please help us protect your identity.