



## 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

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Card Number

Exp. Date

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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.

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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.*