

Camp Ondessonk Donation Form

Camp Ondessonk
 3760 Ondessonk Rd. ,Ozark Illinois 62972
 618/695-2489 * Fax 618/695-3595

| | | | |
|---|-------------|---|-------------|
| Name of Donor (First, Last, Spouse's Name) or Business (as it should appear in catalog) | | | Date |
| Address | City | State | Zip |
| Donor's Signature | | Phone | |
| Email Address | | | |
| Gift & Item Description (be as descriptive as possible and list any limitations) | | | |
| <input type="checkbox"/> Please check box if you DO NOT want your name to appear in the catalog. | | Value: \$ _____ (Donor Declared Value) | |
| <input type="checkbox"/> To be delivered <input type="checkbox"/> To be picked up | | Donor's affiliation with Camp Ondessonk (Check all that apply) | |
| Person to contact: (Name) _____ (Phone #) _____ | | <input type="checkbox"/> Staff ALUMNI: <input type="checkbox"/> Parent <input type="checkbox"/> Staff <input type="checkbox"/> Business <input type="checkbox"/> Camper <input type="checkbox"/> Friend of Camp <input type="checkbox"/> Parent | |
| Office Use Only: | | | |

WHITE- TO Camp **YELLOW-** STAYS WITH GIFT **PINK-** DONOR (TAX) COPY

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