



DONOR FORM

The Friends of Camp Spaulding

Donor Name: _____

Tel: _____ Fax: _____ Email: _____

Street Address: _____

City/State/Zip: _____

Please accept my/our gift as follows:

\$500 Two weeks at camp \$250 One week at camp

\$105 Three days at camp \$70 Two days at camp

\$35 - One day of camp

Other donation of \$ _____

Please make check payable to Child and Family Services of NH or pay by VISA/MC/Disc

Visa/MC/Disc #: _____

Exp: _____ 3-digit security code #: _____

Name on card: _____

Authorized signature: _____

Additional information

I wish to receive future email correspondence

I prefer to make my donations anonymously

This donation is on behalf of a company _____

This donation is memory of _____

How did you hear about this site?

From a friend Received Friend of Camp Spaulding appeal Former staff member

Alumni Interested in receiving information about alumni get togethers?